

# Workers' Compensation in California



## A Guidebook for Injured Workers

*prepared for the*  
California Commission on Health and Safety and Workers' Compensation

**Second Edition, February 2005**

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## Acknowledgments

This guidebook was designed and produced by the Institute of Industrial Relations (IIR), University of California at Berkeley, and the Labor Occupational Health Program (LOHP), Center for Occupational and Environmental Health, School of Public Health, University of California at Berkeley, under a contract with the California Commission on Health and Safety and Workers' Compensation (CHSWC). It is based on educational factsheets, prepared in 1998 and 2000, and the first edition of this guidebook, prepared in 2002.

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We wish to thank the California Department of Industrial Relations, CHSWC Chair John Wilson and other members of the Commission, CHSWC Executive Officer Christine Baker, CHSWC Consultant Charles Lawrence Swezey, Workers' Compensation Judge Lachlan Taylor, and CHSWC staff for their support in this project. We also wish to thank the Division of Workers' Compensation and the other individuals and organizations that assisted in developing this guidebook, by providing valuable review and input.

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# How To Use This Guidebook

This guidebook gives an overview of the California workers' compensation system. It is meant to help workers with job injuries understand their basic legal rights, the steps to take to request workers' compensation benefits, and where to seek further information and help if necessary.

This new edition of the guidebook describes the workers' compensation system as of February 2005. The information provided is true in most situations. However, the workers' compensation system is complicated. The guidebook does not fully describe many rules, exceptions, and deadlines that may apply to your case. For example, if your date of injury was several years ago, your benefits and the steps you should take may be different. Also, a union contract or a labor-management carve-out agreement may give you additional rights or require different procedures.

All workers, whether or not you have a job injury, should read:

## **Chapter 1, "The Basics of Workers' Compensation."**

If you are an injured worker, you should read:

## **Chapter 2, "After You Get Hurt on the Job."**

In that chapter, make sure to review "**Keep Your Claim on Track**" (page 24) for basic tips on how to take charge of your case and protect your rights, especially if you are encountering delays or other problems in the workers' compensation system.

The following chapters cover different kinds of workers' compensation benefits and how to continue working for your employer. You can read some or all of these chapters, depending on your particular situation:

## **Chapter 3, "Temporary Disability Benefits"**

## **Chapter 4, "Working for Your Employer After Injury"**

## **Chapter 5, "Permanent Disability Benefits"**

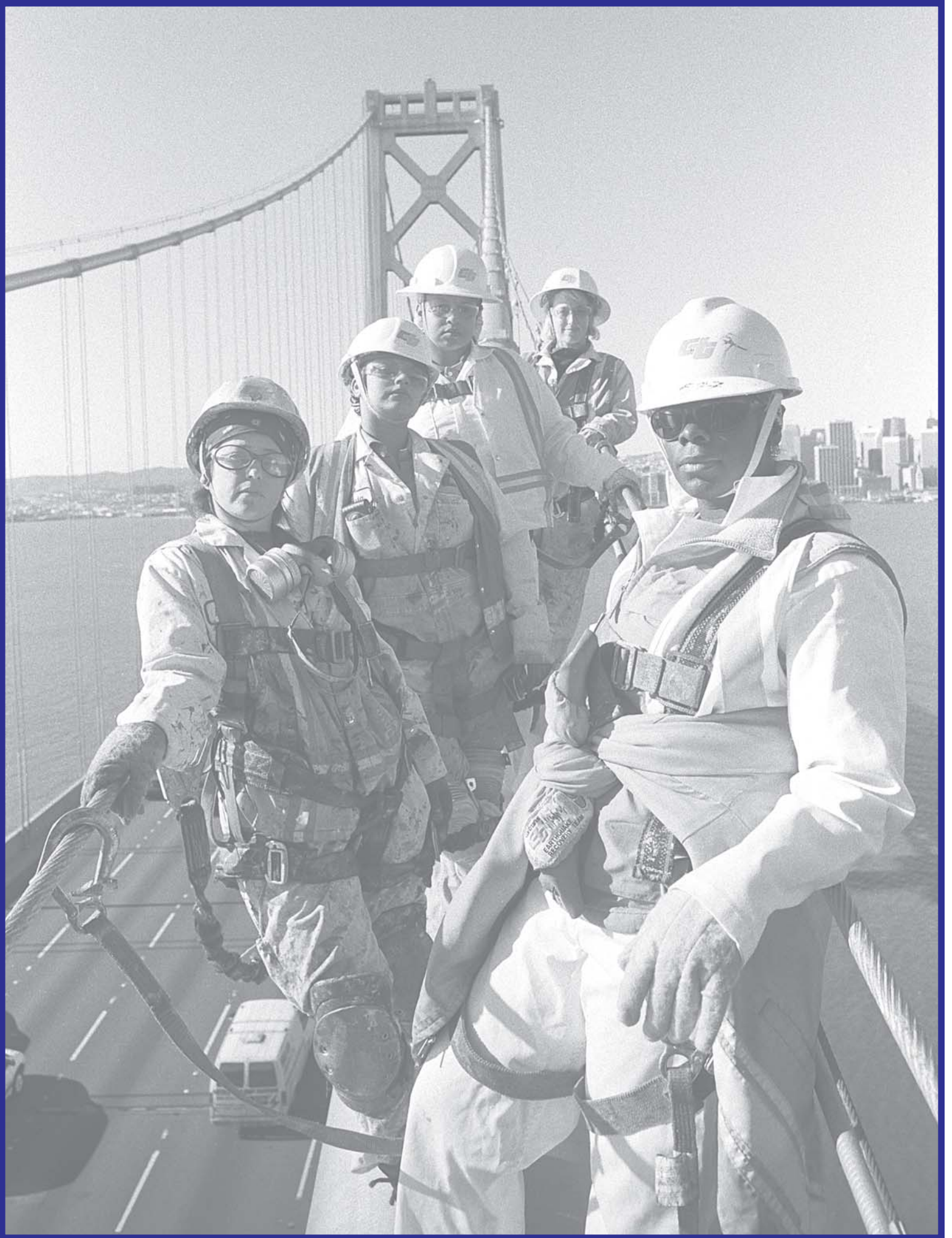
## **Chapter 6, "Benefits When You Need To Change Jobs"**

Because this guidebook cannot cover all possible situations faced by injured workers, additional resources are listed in **Chapter 7, "For More Information and Help."** They include governmental agencies, attorneys, health care providers, unions, and support groups, as well as books and other materials. You should use those resources to learn more about workers' compensation or to get personalized help with your case.

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# The Basics of Workers' Compensation

## What is workers' compensation?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

- **One event at work.** Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

- **Repeated exposures at work.** Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.



Workers' compensation covers some, but not all, stress-related (psychological) injuries caused by your job. For information about what is covered, use the resources in Chapter 7, "For More Information and Help."

## What are the benefits?

They can include:

**Medical Care.** Paid for by your employer, to help you recover from an injury or illness caused by work.

**Temporary Disability Benefits.** Payments if you lose wages because your injury prevents you from doing your usual job while recovering.

**Permanent Disability Benefits.** Payments if you don't recover completely.

**Supplemental Job Displacement Benefits** (if your date of injury is in 2004 or later). Vouchers to help pay for retraining or skill enhancement if you don't recover completely and don't return to work for your employer.

**Vocational Rehabilitation** (if your date of injury is before 2004). Job placement counseling and possibly retraining, if you are unable to return to your old job and your employer doesn't offer other work.

**Death Benefits.** Payments to your spouse, children, or other dependents if you die from a job injury or illness.

For examples of workers' compensation payments, see page 11.

## Can I choose the doctor who will treat me?

It depends on whether you tell your employer in *writing* — *before* you are injured — the name and address of your personal physician. This is called “predesignating” your personal physician.

- **If you predesignate:** You will be allowed to see your personal physician right after you are injured. You may switch doctors later, if necessary.
- **If you don't predesignate:** Your employer usually will have the right to choose the doctor who treats you for at least the first 30 days after your employer learns about your injury or illness.

## Can all workers predesignate?

No. You can predesignate only if your employer offers a group health plan or group health insurance for medical conditions that are unrelated to work. If your employer does not offer this benefit, you do not have a right to predesignate.

## How do I predesignate?

**Note:** *New laws affect your right to predesignate your personal physician. As of February 2005, the state Division of Workers' Compensation (DWC) is developing regulations to implement the new laws. To learn about updates, use the resources in Chapter 7.*

Notify your employer in writing. You can prepare your own written statement. You also have the option of using the form on page 10, or a form provided by your employer.

Make sure to include the following information:

1. Name of your employer
2. Statement that if you are hurt on the job, you designate your personal physician to provide medical care. Give the name, address, and phone number.
3. Your name

4. Your signature

5. Date

You can predesignate a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who treated you in the past and has your medical records. This doctor must be your primary care physician and must agree to be predesignated. It may also be useful to predesignate the doctor's medical group in case your personal physician is unavailable. (See the box, "Personal Physician's Medical Group.") (If you give your employer the name of your personal chiropractor or personal acupuncturist in writing before you are injured, you may *switch to* this chiropractor or acupuncturist upon request during the first 30 days.)

**Exceptions:** Some employers have contracts with health care organizations (HCOs) to treat workers hurt on the job. If your employer has this kind of contract, there are different rules on choosing medical care. Your employer must give you written information about those rules.

### Personal Physician's Medical Group

The definition of "personal physician" includes the physician's medical group, or "corporation, partnership, or association." This definition is in the California Code of Regulations, Title 8, section 9780(h). To view it, go to the state Division of Workers' Compensation (DWC) website: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) (link to: Regulations).

However, the current DWC administrative director has stated that under laws enacted in 2004, you can only predesignate an individual physician. It is not known at this time (February 2005) whether a workers' compensation judge would rule that the regulation described above is still valid. If it is still valid, you may also predesignate your personal physician's medical group.

## Why is the choice of doctor important?

Your treating doctor:

- Decides what type of medical care to prescribe for your job injury or illness.
- Helps determine when you can return to work, and helps identify the kinds of work you can do safely while recovering.
- Refers you to specialists if necessary.
- Writes medical reports that may affect the benefits you receive. (Note, however, that acupuncturists cannot write many of the reports that affect benefits.)



## How can I avoid getting hurt on the job?

It's best to *prevent* injuries before they happen. Employers in California are required to have an Injury and Illness Prevention Program. The program must include worker training, workplace inspections, and procedures for correcting unsafe conditions promptly. Learn about and participate in your employer's program. Report unsafe conditions to your employer and union, if you have one. If they don't respond, call Cal/OSHA, the state agency that enforces health and safety laws.

### DID YOU KNOW?

- ◆ Medical care must be paid for by your employer if you get hurt on the job — whether or not you miss time from work.
- ◆ You may be eligible to receive benefits even if you are a temporary or part-time worker.
- ◆ You may be covered by workers' compensation as an employee even if you are called an "independent contractor."
- ◆ You don't have to be a legal resident of the United States to receive most workers' compensation benefits.
- ◆ You receive benefits no matter who was at fault for your job injury.
- ◆ You can't sue your employer for a job injury (in most cases).
- ◆ It's illegal for your employer to punish or fire you for having a job injury or for requesting workers' compensation benefits when you believe your injury was caused by your job.

## Personal Physician Form

To (name of employer): \_\_\_\_\_

In case I sustain a job-related injury or illness, I designate my personal physician to provide medical care immediately after injury:

Personal physician: \_\_\_\_\_

Personal physician's medical group (recommended): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Personal physician's signature (recommended): \_\_\_\_\_

Employee's signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** You can predesignate a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who treated you in the past and has your medical records. This doctor must be your primary care physician and must agree to be predesignated. It may also be useful to predesignate the doctor's medical group. If you predesignate, you will be allowed to see your doctor and you may also be allowed to see another doctor in the same medical group right after you are injured. If you give your employer the name of your personal chiropractor or personal acupuncturist in writing before you are injured, you may *switch to* this chiropractor or acupuncturist upon request during the first 30 days after your employer learns about your injury or illness.

## Workers' Compensation Benefits for Workers Whose Date of Injury Is 2003 or Later

### Temporary Total Disability Benefits

Date of Injury	Minimum Payments	Maximum Payments
2003	\$126 per week	\$602 per week
2004	\$126 per week	\$728 per week
2005	\$126 per week	\$840 per week
2006	\$126 per week	\$840 per week or the state average weekly wage, whichever is greater
2007 or later	Minimum and maximum payments increase every year to reflect increases in the state average weekly wage.	

### Supplemental Job Displacement Benefits (date of injury 2004 or later)

Permanent disability rating less than 15%	up to \$4,000
Permanent disability rating between 15% and 25%	up to \$6,000
Permanent disability rating between 26% and 49%	up to \$8,000
Permanent disability rating between 50% and 99%	up to \$10,000

### Vocational Rehabilitation Maintenance Allowance (date of injury before 2004)

\$126 per week (minimum) to \$246 per week (maximum)

### Permanent Disability Benefits — Examples

*The following are only examples. They apply to workers who were injured in 2004, earned more than \$300 per week before the injury, and whose employer has less than 50 employees.*

Disability	1997 Rating Schedule	2005 Rating Schedule
Total loss of vision in one eye, normal vision (20/20) in other eye	\$23,100 (total)	\$17,100 (total)
Amputation of index finger at middle joint	\$4,000 or \$4,800 (total), depending on which index finger was amputated	\$5,400 (total)

### Death — Examples involving three or more total dependents

*The following are only examples. Benefits are also available if there are fewer than three total dependents, or if there are partial dependents.*

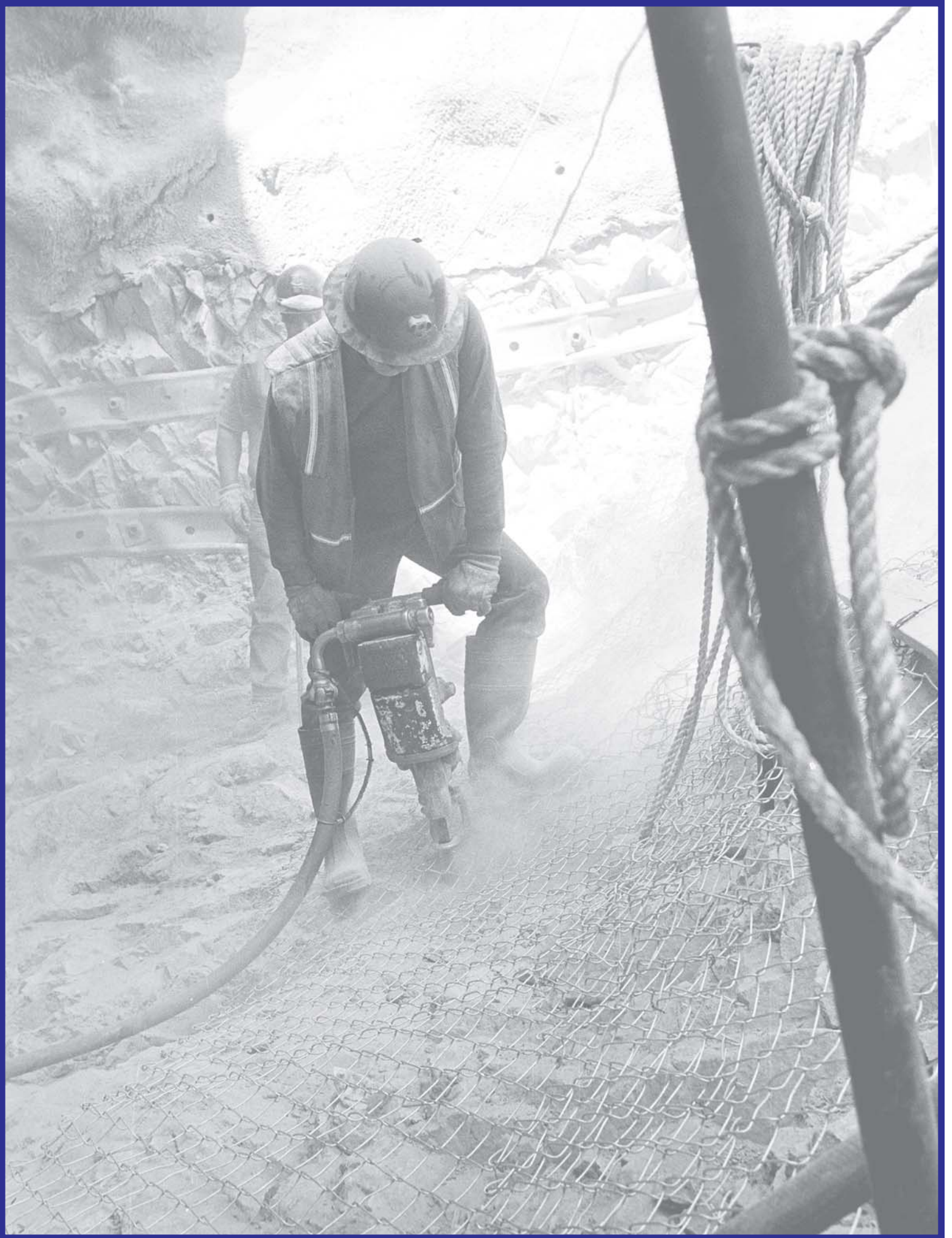
Burial expenses: up to \$5,000

Death benefits if there are three or more total dependents:

Date of injury 2003, 2004, or 2005: \$160,000 (total)

Date of injury 2006 or later: \$320,000 (total)

(Regardless of the amounts listed above, death benefits paid to a totally dependent child continue until the child reaches age 18. If the child is physically or mentally incapacitated, benefits continue until the child's death.)



# After You Get Hurt on the Job



For tips on how to “Keep Your Claim on Track,” see page 24. See also Chapter 7, “For More Information and Help.”

## What should I do if I have a job injury?

### ■ Report the injury to your employer

Tell your supervisor right away. If your injury or illness developed gradually (like tendinitis or hearing loss), report it as soon as you learn or believe it was caused by your job.

Reporting promptly helps prevent problems and delays in receiving benefits, including medical care you may need. If your employer does not learn about your injury within 30 days and this prevents your employer from fully investigating the injury and how you were injured, you could lose your right to receive workers’ compensation benefits.

### ■ Get emergency treatment if needed

If it’s a medical emergency, go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related.

### ■ Fill out a claim form and give it to your employer

Your employer must give or mail you a claim form within one working day after learning about your injury or illness. You use it to request workers’ compensation benefits. If your employer does not give you a claim form, get one from a state Information & Assistance officer (see pages 64–65).

Read all of the information that comes with the claim form. Fill out and sign the “employee” portion of the form. Describe your injury completely. Include every part of your body affected by the injury. Give the form to your employer. This is called “filing” the claim form. Do this right away to avoid possible problems with your claim.



## ■ Get good medical care

Get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also describe your job and your work environment.

## What happens after I file the claim form?

Your employer must fill out and sign the “employer” portion of the form and give the completed form to a claims administrator. This person handles workers’ compensation claims for your employer. (Most claims administrators work for insurance companies or other organizations that handle claims for employers. Some claims administrators work directly for large employers that handle their own claims. This person may also be called a claims examiner or claims adjuster.) Your employer must give or mail you a copy of the completed form within one working day after you filed it. **Keep this copy.**

The claims administrator must decide within a reasonable time whether to accept or deny your claim.

“Accepting” the claim means the claims administrator agrees your injury is covered by workers’ compensation. If your claim is accepted, you will receive paid medical care for your injury. You may also be eligible for payments to help make up for lost wages. To learn about these payments, see Chapter 3, “Temporary Disability Benefits.”

“Denying” the claim means the claims administrator believes your injury is not covered by workers’ compensation. If the claims administrator sends you a letter denying your claim, you have a right to challenge the decision. Don’t delay, because there are *deadlines* for filing the necessary papers. To get help with your claim, use the resources in Chapter 7.

### NOTE

On the claim form, you will see a message telling you that it is against the law for anyone to commit fraud in order to:

- ◆ obtain workers’ compensation benefits or payments, *or*
- ◆ deny an injured worker these benefits.

Fraud is a felony. This law applies to everyone in the workers’ compensation system, including injured workers, employers, claims administrators, doctors, and attorneys. To report fraud, contact a local district attorney’s office or the California Department of Insurance (DOI). You can call the DOI toll-free at 1-800-927-4357, and ask for the phone number of the nearest office of their Fraud Division. See also the DOI website: [www.insurance.ca.gov](http://www.insurance.ca.gov) (link to: Fraud/Where to Report).

## **It's been more than 90 days since I filed a claim form, and I have not heard from the claims administrator. Does this mean my claim is accepted?**

If the claims administrator doesn't send you a letter denying your claim within 90 days after you filed the form or reported your injury, your claim is considered accepted in most cases.

## **The claims administrator hasn't accepted or denied my claim yet, but I need medical care for my injury now. What can I do?**

Within one working day after you file a claim form, the claims administrator is required to authorize medical treatment while your claim is being investigated. This is limited to \$10,000. If the claims administrator does not authorize treatment right away, speak with your supervisor, someone else in management, or the claims administrator about the law requiring immediate medical treatment. Ask for treatment to be authorized now, while waiting for a decision on your claim.

If the claims administrator won't authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator.

If you don't have health insurance, try to find a doctor, clinic, or hospital that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

## **What kind of medical care will I receive for my injury?**

The state Division of Workers' Compensation (DWC) plans to adopt medical treatment guidelines regarding the kind of treatment and amount of treatment needed for different kinds of job injuries. The guidelines must be "scientifically based, nationally recognized, and peer-reviewed." They will be considered correct in most cases. In the meantime, guidelines published by the American College of Occupational and Environmental Medicine (ACOEM), called "Occupational Medicine Practice Guidelines," are considered correct in most cases. If your injury is not covered by the DWC guidelines or ACOEM guidelines, treatment may follow other guidelines that are scientifically based and nationally recognized.

**Settled Cases:** In some cases that have settled, the claims administrator continues to pay for medical care for the injury. Settlement of cases is described in Chapter 5. The treatment guidelines mentioned above are considered correct even in cases that settled before the guidelines were added to workers' compensation law in 2003.

**Specific Limits on Certain Kinds of Treatment:** If your date of injury is in 2004 or later, you are limited to a total of 24 chiropractic visits, 24 physical therapy visits, and 24 occupational therapy visits, unless the claims administrator authorizes additional visits.

## Can I choose the doctor who will treat me for my job injury?

It depends on whether you predesignated your personal physician. This means that *before* you were injured, you gave your employer the name and address of your personal physician *in writing*. To review how to predesignate your personal physician, see Chapter 1, “The Basics of Workers’ Compensation.”

### If you predesignated:

You may see your personal physician and you may also be allowed to see another doctor in the same medical group for treatment right after you are injured. If you gave your employer the name of your personal chiropractor or acupuncturist in writing before you were injured, you may *switch to* your chiropractor or acupuncturist upon request, after you first see a doctor chosen by the claims administrator.

If it is necessary for you to switch to a different doctor or different medical group and your employer or the insurer has not created a “medical provider network” (MPN, see next section), you can switch to a doctor of your choice. The new doctor can be a medical doctor, osteopath, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractor. You or the new doctor must give the claims administrator the doctor’s name and address. This allows the claims administrator to obtain medical reports and pay for your medical care. You may switch again if necessary.

If your employer or the insurer has created a medical provider network (MPN, see next section), it is not known at this time (February 2005) whether you are allowed to switch to a doctor or medical group of your choice that is outside the MPN.

Remember, your choice of doctor is very important! See Chapter 1, page 8. Because the treating doctor plays such an important role, you should be seen by a doctor who knows how to treat your type of injury or illness and who understands the workers’ compensation system.

### If you didn’t predesignate:

Your right to choose the doctor who will treat you depends on whether your employer or the insurer has created a medical provider network or has a contract with a health care organization to treat injured workers, as explained below.

- A. Medical Provider Networks.** Many employers and insurers have created state-approved medical provider networks (MPNs) to treat injured workers. If your employer or the insurer has created a medical provider network and you did not predesignate, the claims administrator can require that you be treated within the network. In most cases, you are not allowed to switch to a doctor of your choice outside the network. You are, however, allowed to switch to a doctor of your choice within the network after the first medical examination of your injury.
- B. Health Care Organizations.** Some employers and insurers have contracts with health care organizations (HCOs) to treat injured workers. If your employer or the insurer has a contract with an HCO that is not an MPN and you did not predesignate, the claims administrator can require that you be treated within the HCO. In most cases, you are not allowed to switch to a doctor of your choice outside the HCO during the first 90 or 180 days after your employer learns about your injury (depending on the type of health insurance offered by your employer for medical conditions unrelated to work). You are, however, allowed to switch at least one time to another doctor within the HCO. After 90 or 180 days, you are allowed to switch to a doctor of your choice outside the HCO if you still need medical care. The new doctor can be a medical doctor, osteopath, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractor. You or the new doctor must give the claims administrator the doctor's name and address. This allows the claims administrator to obtain medical reports and pay for your medical care. You may switch again if necessary.
- C. Other Doctors.** If you are not receiving care within an MPN or HCO and you did not predesignate, the claims administrator can choose the doctor who treats you during the first 30 days after your employer learns about your injury or illness. You have a right to change doctors one time during the first 30 days, but usually the claims administrator is allowed to choose the new doctor. After 30 days, you are allowed to switch to a doctor of your choice if your employer or the claims administrator still has not created an MPN and you still need medical care. The new doctor can be a medical doctor, osteopath, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractor. You or the new doctor must give the claims administrator the doctor's name and address. This allows the claims administrator to obtain medical reports and pay for your medical care. You may switch again if necessary.

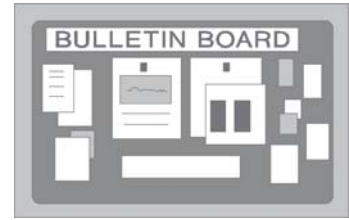
**Note:** Sometimes employers *lose* the right to choose who will treat an injured worker, even if the worker did not predesignate. You can see your personal doctor or another doctor in the same medical group right after you are injured if your employer:

- Didn't post required information about your workers' compensation rights; *or*
- Didn't tell you about your right to predesignate your personal physician; *or*
- Sends you to treatment that is completely inadequate; *or*
- Refuses to provide necessary medical care.

If you have questions or need help, use the resources in Chapter 7.

## DID YOU KNOW?

- ◆ Your employer is required to post information about your workers' compensation rights, including the right to predesignate your personal physician in case of job injury. If your employer or the insurer created a medical provider network, the employer or insurer is required to give all employees written information about rights, procedures, and services while being treated within the network.
- ◆ You have a right to request and receive copies of all medical reports that affect your benefits.
- ◆ You have a right to have another person present during a medical examination or to tape record the examination. **Note:** You should tell your doctor if you plan to tape record the examination.



## I don't agree with a medical report written by my treating doctor. What can I do?

Your treating doctor is required to send medical reports to the claims administrator describing your injury and how you are recovering. If you have questions about a particular report, ask the doctor.

Sometimes different doctors have different opinions about the cause of an injury, the treatment that is needed, the type of work that you can do while recovering, or other questions. You have a right to challenge a medical report. See the next two questions.

## How do I challenge an opinion about the medical treatment that is needed for my injury?

The steps you can take to challenge a decision or recommendation about necessary medical treatment depends on where you are receiving your medical care, as explained below.

### A. Medical Provider Networks

If you are receiving care within a medical provider network (MPN) and wish to challenge the diagnosis or treatment prescribed by the doctor who is treating you, first consider switching to another doctor within the network. See if you can reach agreement with the new doctor.



If you cannot switch or cannot reach agreement with the new doctor:

- You can obtain up to two more opinions within the network and an independent medical review arranged by the state Division of Workers' Compensation (DWC). For each of the two doctors in the network, you must make an appointment within 60 days after you receive a list of available doctors from the claims administrator.

—or—

- You may be allowed to take the same steps, described in the next question, that are used to challenge other types of opinions in a medical report. If you have questions or need help, use the resources in Chapter 7.

## **B. Health Care Organizations**

If you are receiving care within a health care organization (HCO) that is not an MPN and wish to challenge the diagnosis or treatment prescribed by the doctor who is treating you, first consider switching to another doctor within the HCO. See if you can reach agreement with the new doctor.

If you cannot switch or cannot reach agreement with the new doctor:

- You can obtain one more opinion within the HCO.

—and—

- You may be allowed to take the same steps, described in the next question, that are used to challenge other types of opinions in a medical report. If you have questions or need help, use the resources in Chapter 7.

## **C. Other Doctors**

If you are not receiving care within an MPN or HCO and wish to challenge the diagnosis or treatment prescribed by the doctor who is treating you, first consider switching to another doctor. See “Can I choose the doctor who will treat me for my job injury?” earlier in this chapter. If you cannot switch or cannot reach agreement with the new doctor, you may be allowed to take the same steps, described in the next question, that are used to challenge other types of opinions in a medical report. If you have questions or need help, use the resources in Chapter 7.

## How do I challenge other types of opinions in a medical report?

If you wish to challenge opinions in a medical report other than those about treatment, you can take the steps below.

1. First, send a letter to the claims administrator stating that you disagree with the medical report. If you do not have an attorney, in some cases you must send the letter within 30 days after you received the medical report. If you have an attorney, contact your attorney right away. In some cases, the deadline for your attorney to send the letter is 20 days after receiving the medical report.
2. Second, get a medical opinion, or evaluation, from another doctor:
  - If you don't have an attorney, the claims administrator must send you instructions on how to contact the state Division of Workers' Compensation (DWC) to select a qualified medical evaluator (QME). QMEs are doctors who are certified by the DWC to conduct medical evaluations in workers' compensation cases.

Within 10 days after the claims administrator sends you the instructions, you must select the medical specialty of the QME and contact the DWC for a panel (list) of three QMEs. Within 10 days after the DWC sends you a panel, you must choose a QME from the panel, make an appointment to be examined by the QME, and tell the employer of your choice and appointment time.

Act promptly. If you do not take these steps within the deadlines described above, the claims administrator will be allowed to make the choices.

- If you have an attorney, your attorney and the claims administrator may agree on a doctor called an agreed medical evaluator (AME). AMEs are not required to be certified by the DWC.

If agreement cannot be reached and you were injured in 2005 or later, your attorney or the claims administrator may contact the DWC for a panel (list) of three QMEs. Your attorney and the claims administrator may agree on someone from this panel. If agreement still cannot be reached, your attorney and the claims administrator may each strike one name from the panel, and the remaining QME will conduct the evaluation.

If agreement cannot be reached and you were injured before 2005, your attorney will select a QME.

The QME or AME will examine you and write a medical-legal report describing your condition.

**Important!** You or your attorney should choose the QME or AME carefully. The medical-legal report will affect your benefits. In many cases, you will not be able to

choose another QME or AME. (If you don't have an attorney, use the resources in Chapter 7.)

For more information about medical evaluations, call the DWC's Medical Unit at 1-800-794-6900. Ask for their written guide, "Your Medical Evaluation." See also the Medical Unit website: [www.dir.ca.gov/imc](http://www.dir.ca.gov/imc).

## **If the claims administrator doesn't agree with my treating physician about the treatment needed for my injury, can the claims administrator refuse to pay for the treatment?**

Yes, the claims administrator can refuse to pay if it is not clear why the treatment is needed. The process that the claims administrator uses to decide whether to authorize and pay for treatment is called "utilization review."

Treatment is considered necessary if it follows DWC guidelines, ACOEM guidelines, or other scientifically based, nationally recognized treatment guidelines. (See "What kind of medical care will I receive for my injury?" earlier in this chapter.) If treatment does not follow these guidelines, the treating doctor must show why you need to receive the treatment.

The claims administrator must inform you of decisions to modify, delay, or deny recommended treatment. If you wish to challenge a decision by the claims administrator, you must send a letter to the claims administrator stating that you disagree, and you must do this within 20 days after you received the claims administrator's decision. For steps to take to get a medical opinion from another doctor, see the previous two questions.

**Note:** If the treating physician recommends spinal surgery, the claims administrator may also have a right to obtain a second opinion from an orthopedic surgeon or neurosurgeon. If you are represented by an attorney, the claims administrator must first seek your attorney's agreement on the doctor who will give the second opinion. If agreement cannot be reached or if you are not represented by an attorney, the claims administrator may ask the DWC to randomly select the doctor who will give the second opinion.

## **If the claims administrator doesn't agree with my treating doctor on other matters, what can the claims administrator do?**

The claims administrator can require you to be examined by a QME or AME. Here is how the QME or AME would be selected:

- If you don't have an attorney, the claims administrator can require you to be examined by a QME. The claims administrator must send you instructions on how to contact the DWC, and must let *you* select the QME. After the claims

administrator sends you these instructions, make sure to take the steps and meet the deadlines described in “How do I challenge other types of opinions in a medical report?” earlier in this chapter.

- If you have an attorney, your attorney and the claims administrator may agree on an AME to examine you. If agreement cannot be reached, the claims administrator will select a QME.

## **Who decides what type of work I can do while recovering?**

Your treating doctor is responsible for explaining in a medical report:

- What kind of work you can and can't do while recovering
- What changes are needed in your work schedule or assignments.

You, your treating doctor, your employer, and your attorney (if you have one) should review your job description and discuss the changes needed in your job. For example, your employer might give you a reduced work schedule or have you spend less time on certain tasks. See Chapter 4, “Working for Your Employer After Injury.”

If you disagree with your treating doctor, you must promptly write to the claims administrator about the disagreement, or you may lose important rights. To review the steps you can take if you disagree with a medical report, see pages 18–21.

## **I'm afraid I might be fired because of my injury. Can my employer fire me?**

It's illegal for your employer to punish or fire you for having a job injury, or for filing a workers' compensation claim when you believe your injury was caused by your job. It's also illegal for your employer to punish or fire co-workers who testify in your case. The California Labor Code (section 132a) prohibits this kind of discrimination.

Also, the federal Family and Medical Leave Act (FMLA) says that an employer with 50 or more employees usually must let you take unpaid leave for up to 12 weeks, without losing your job, if you need time off for a serious medical condition.

If you do not fully recover from your injury, the federal Americans With Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA) make it illegal for your employer to discriminate against you because of a serious disability.

If you feel your job is threatened, find someone who can help. Use the resources in Chapter 7. Note that there are *deadlines* for taking action to protect your rights.

## **Besides workers' compensation benefits, can I get any other financial assistance?**

Other types of assistance may be available:

- State Disability Insurance (SDI) or, in rare cases, unemployment insurance (UI) benefits paid by state government when workers' compensation payments are delayed or denied.
- Social Security disability benefits paid by the U.S. government for total disability (these benefits may be reduced by workers' compensation payments that you receive).
- Benefits offered by employers and unions, such as sick leave, group health insurance, long term disability insurance (LTD), and salary continuation plans.
- A claim or lawsuit if your injury was caused by someone other than your employer.

To learn more about these other kinds of assistance, use the resources in Chapter 7.



## KEEP YOUR CLAIM ON TRACK

**M**any injured workers get their benefits quickly, with no trouble at all. Others face problems and delays. This page gives tips on how to take charge of your case and make sure your rights are protected.

Whether or not you have a problem:

- ◆ **Keep good records.** You will probably fill out and receive many forms and other papers. Keep copies of *everything*, including envelopes showing postmarks!
  - Keep notes of all discussions you have with the people involved in your claim.
  - Keep track of your medical condition and how it affects your ability to work.
  - Request in writing that the claims administrator give you copies of all medical reports and other documents.
  - Save pay stubs and time sheets showing your income, the dates you worked, and when you were off work.
  - Keep records of any out-of-pocket expenses that workers' compensation could cover (like prescriptions or travel costs to medical appointments).
- ◆ **Learn more about workers' compensation.** The laws and procedures in workers' compensation are complicated. What applies to another injured worker may not apply to you. Learn what your rights are, and don't be afraid to ask questions. Use the resources in Chapter 7.

If you have a concern, speak up. See whether **your employer** or **the claims administrator** can agree to resolve the problem. If this doesn't work, don't delay getting help. Try the following:

- ◆ **Contact an Information & Assistance officer.** State I&A officers answer questions and help injured workers. They may provide information and forms and help resolve problems. Some I&A officers hold workshops for injured workers. For more information, see pages 64–65, or go to [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc). To contact a local office, check the Government Pages at the front of the white pages of your phone book. Look under: State Government Offices/Industrial Relations/Workers' Compensation.
- ◆ **Consult an attorney.** Lawyers who represent injured workers in their workers' compensation cases are called applicants' attorneys. Their job is to protect your rights, plan a strategy for your case, gather information to support your claim, keep track of deadlines, and represent you in hearings before a workers' compensation judge. For more information, see pages 66–67. You can get names of applicants' attorneys from the State Bar of California (1-415-538-2120; website: [www.calbar.ca.gov](http://www.calbar.ca.gov)), a local bar association, or the California Applicants' Attorneys Association (1-800-459-1400; website: [www.caaa.org](http://www.caaa.org)).
- ◆ **Contact your union,** if you have one. Your union may be able to help resolve problems, tell you about other benefits, negotiate changes needed in your job, protect you from job discrimination, and refer you to legal services.
- ◆ **Represent yourself.** If you can't get help from the above resources, you can prepare your own case and request a hearing before a workers' compensation judge. For instructions, contact an Information & Assistance officer (see above).



# Temporary Disability Benefits



For tips on how to “Keep Your Claim on Track,” see page 24. See also Chapter 7, “For More Information and Help.”

## What are temporary disability benefits?

If your injury prevents you from doing your usual job while recovering, you may be eligible for temporary disability (TD) benefits.

TD benefits are payments you receive if you lose wages because:

- Your treating doctor says you are unable to do your usual job for more than three days, or you are hospitalized overnight.  
—and—
- Your employer does not offer you other work that pays your usual wages while you recover.

## What are the different types of TD benefits?

There are two types of TD benefits:

- If you cannot work *at all* while recovering, you receive temporary *total* disability (TTD) payments.
- If you can do *some* work while recovering and your employer offers you this type of work, you receive temporary *partial* disability (TPD) payments.

## How much are TD benefits?

As a general rule, TD benefits are two-thirds of the gross (pre-tax) wages you lose while you’re recovering from a job injury. However, you can’t receive more than a maximum weekly amount or less than a minimum weekly amount, as set by law.

You don’t pay federal, state, or local income taxes on TD benefits. Also, you don’t pay Social Security taxes, union dues, or retirement fund contributions on these benefits.

The information in this chapter gives you a rough idea of TD benefit amounts. Determining exact TD amounts can be complicated, especially for workers who:

- had a second job when injured
- had seasonal jobs
- had wages that rose or fell
- earned other income, such as tips, overtime, bonuses, housing, clothing, or car allowances
- were scheduled for a wage increase after the date of injury
- received TD benefits more than two years after the date of injury.

### Other Benefits Besides TD

- ◆ If you are hurt on the job, your employer must pay for medical care to help you recover. See Chapter 2, “After You Get Hurt on the Job.”
- ◆ You may be eligible for other financial assistance, such as State Disability Insurance, if TD payments are delayed or denied. To find out about these benefits, see Chapter 7.
- ◆ TD benefits are paid only while you are recovering. Some injured workers later receive other types of benefits. To find out about these other benefits, see Chapters 4, 5, and 6.

## What payments will I receive if I’m on TTD?

Temporary total disability (TTD) payments are usually two-thirds of the wages you were earning before you were injured.

**Example:** If the gross wages that you would be earning if you were not injured are \$300 per week, your TTD payments will be \$200 per week.

### Maximum Limits on TTD Payments

You can’t receive more than a maximum weekly amount set by law. Therefore, if you earned more than a certain amount of wages before you were injured, you could receive *less* than two-thirds of those wages.

- If your date of injury is in 2003 and your gross wages before injury were more than \$903 per week, your TTD payments will be the maximum — \$602 per week.

- If your date of injury is in 2004 and your gross wages before injury were more than \$1,092 per week, your TTD payments will be the maximum — \$728 per week.
- If your date of injury is in 2005 and your gross wages before injury were more than \$1,260 per week, your TTD payments will be the maximum — \$840 per week.
- For injuries occurring in 2006, the maximum limit on TTD payments is either \$840 per week or the state average weekly wage, whichever is greater.
- For injuries occurring after 2006, the maximum limit on TTD payments increases every year to reflect increases in the state average weekly wage.

For examples, see page 32.

### Minimum TTD Payments for Low-Wage Workers

You can't receive less than a minimum weekly amount set by law. Therefore, if you earned less than a certain amount of wages before you were injured, you could receive *more* than two-thirds of those wages.

- If your date of injury is between 2003 and 2006, and your gross wages before injury were \$189 per week or less, your TTD payments will be the minimum — \$126 per week.
- For injuries occurring after 2006, minimum TTD payments increase every year to reflect increases in the state average weekly wage.

For examples, see page 32.

## What payments will I receive if I'm on TPD?

Your employer may offer you different work that you can do safely while recovering, or your employer may give you a reduced work schedule. (See Chapter 4, "Working for Your Employer After Injury.") If you don't earn as much as you did before you were injured, you may be eligible to receive temporary partial disability (TPD) payments. These are usually two-thirds of your lost wages.

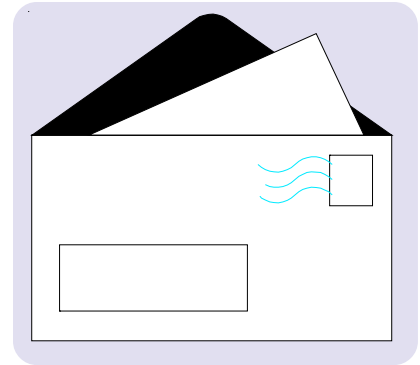
**Example:** If the gross wages you were earning before you were injured were \$300 per week and you are now back at work making \$210 per week, your loss in wages is \$90 per week. Your TPD payments are \$60 per week (two-thirds of \$90).

As with TTD benefits, the law sets maximum limits and minimum amounts for TPD payments.

## Notices About TD Payments

The claims administrator must keep you up to date by sending letters that explain:

- ◆ How TD payment amounts were determined
- ◆ Reasons for any delay in TD payments
- ◆ Reasons for changes in TD payment amounts
- ◆ Why TD benefits are ending.



## When do TD payments begin?

If your injury is covered by workers' compensation, your first TD payment is due within 14 days after your employer learns that:

- You have a job injury or illness  
—and—
- Your treating doctor says your injury prevents you from doing your job.

You should receive this payment from the claims administrator. The claims administrator must also send you a letter explaining how the payment amount was calculated.

After the first payment, TD benefits must be paid every two weeks, for as long as you are eligible.

## What happens if I don't get my payments on time?

Sometimes payments are delayed. If the claims administrator can't determine whether your injury is covered by workers' compensation or whether TD benefits must be paid, he or she may delay your first TD payment while investigating. A delay is usually not longer than 90 days.

If there is a delay, the claims administrator must send you a delay letter. It must explain:

- Why you won't receive payments within the first 14 days
- What information the claims administrator needs in order to decide if you are eligible for TD benefits



- When a decision will be made.

If there are further delays, the claims administrator must send you additional delay letters.

(Even if you received delay letters, if the claims administrator doesn't send you a letter *denying* your claim within 90 days after you filed the claim form or reported your injury, your claim is considered accepted in most cases.)

## Is the claims administrator required to pay a penalty for delays in TD payments?

It depends. The claims administrator must pay you an additional 10% of the payment, if:

- The claims administrator sends a payment late  
—and—
- You filed a claim form for your injury more than 14 days before the payment was due.

This is true even if there was a reasonable excuse for the delay. However, there's no penalty if the claims administrator can't determine, in the first 14 days after your employer learned about your injury, whether TD benefits must be paid and sends you a delay letter as explained above.

You could be awarded a total of 25% of each late payment, up to \$10,000, if there was *no* reasonable excuse for the delay.

## When do TD payments end?

TD payments end when:

- Your treating doctor says you can return to your usual job (whether or not you actually return to work).  
—or—
- You return to your usual job or to modified or alternate work at your regular wages (or at wages associated with the maximum limit on TTD payments).  
—or—
- You have reached a point where your condition is not improving and not getting worse. (When this happens, your condition is called “permanent and stationary.”)






—or—

- You were injured on or after April 19, 2004, and received TD benefits for two years. (This two-year limit does not apply to workers whose injuries involve acute and chronic hepatitis B, acute and chronic hepatitis C, amputations, severe burns, human immunodeficiency virus, high-velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, or chronic lung disease.)

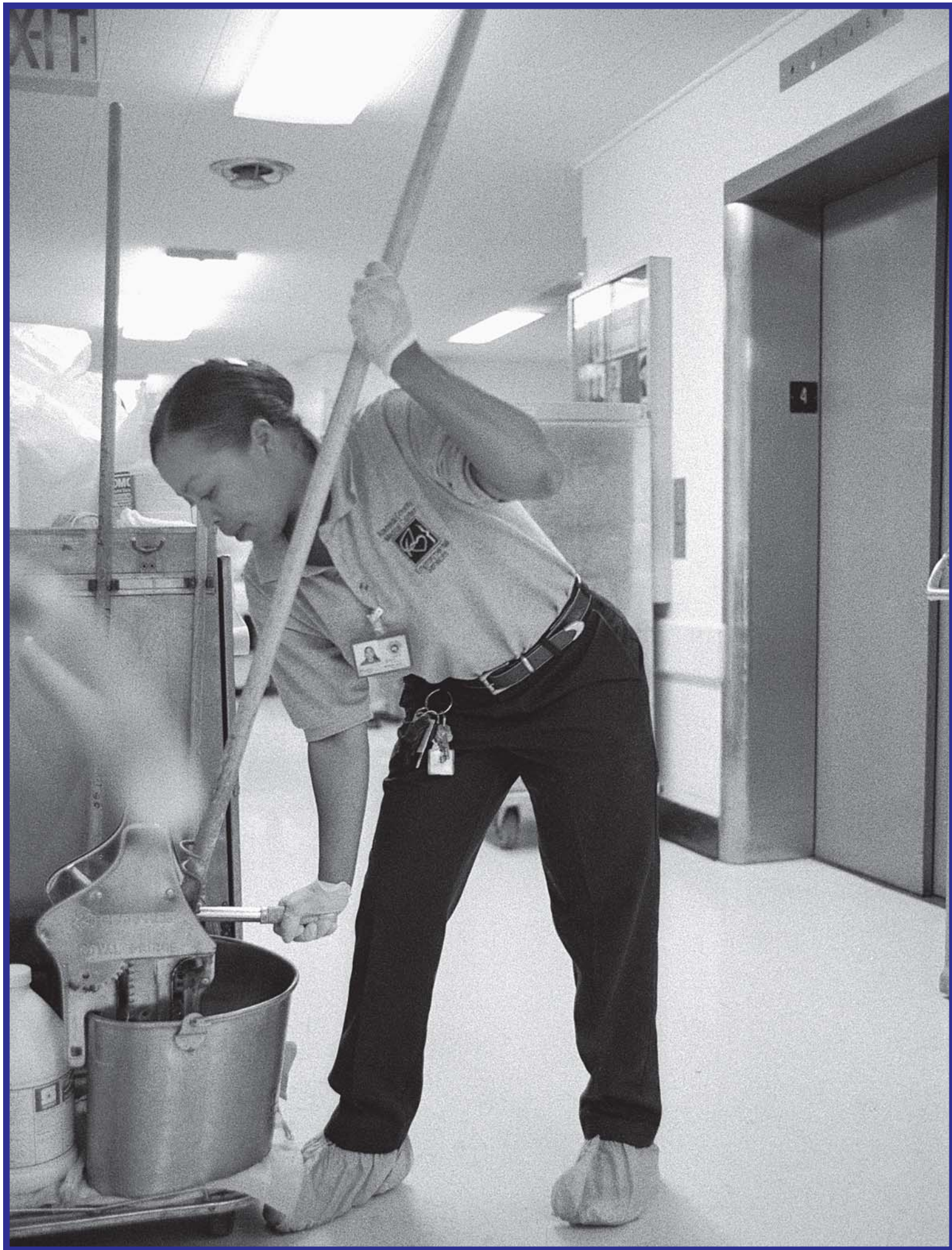
When TD payments end, the claims administrator must send you a letter explaining why the payments are ending. The letter must list all TD payments sent to you. This letter must be sent within 14 days after your final TD payment.

If your treating doctor says that you will never recover completely, you may be eligible to receive permanent disability benefits, a supplemental job displacement benefit, or vocational rehabilitation services and payments. See Chapter 5, “Permanent Disability Benefits,” and Chapter 6, “Benefits When You Need To Change Jobs.”

## Temporary Total Disability Payments—Some Examples

Occupation	Date of Injury	Gross Wages Before Injury	TTD Payments	Reason
<b>Carpenter</b> 	2004	\$1,200 per week	\$728 per week	This is the maximum for workers injured in 2004.
 <b>Line Worker</b>	2005	\$1,500 per week	\$840 per week	This is the maximum for workers injured in 2005.
<b>Secretary</b> 	2005	\$750 per week	\$500 per week	This is two-thirds of the wages earned before the injury.
<b>Baker and Janitor</b> (1 person with 2 jobs) 	2005	\$420 per week as baker, \$150 per week as janitor \$570 per week total	\$380 per week (if the injury was caused by the higher paying job)	This is two-thirds of the wages from both jobs combined.
<b>Nurse's Aide</b> (part-time) 	2005	\$150 per week	\$126 per week	This amount is paid if the worker earned \$189/week or less before the injury (low-wage worker).





# Working for Your Employer After Injury



For tips on how to “Keep Your Claim on Track,” see page 24. See also Chapter 7, “For More Information and Help.”

After a job injury, returning to work safely and promptly can help in your recovery. It can also help you avoid financial losses from being off work. This chapter describes how you can continue working for your employer.

## When can I return to work, and what work can I do?

After you are hurt on the job, many people work with you to decide when you will return to work and what work you will do. These people include:

- Your treating doctor
- Your employer (supervisors or others in management)
- The claims administrator
- Your attorney, if you have one.

Sometimes doctors and claims administrators do not fully understand your job or other jobs that could be assigned to you. Therefore, it is important that everyone stay in close touch throughout the process. You (and your attorney, if you have one) should *actively* communicate with your treating doctor, your employer, and the claims administrator about:

- The work you did before you were injured
- Your medical condition and the kinds of work you can do now
- The kinds of work that your employer could make available to you.

## What happens while I am recovering?

Soon after your injury, the treating doctor examines you and sends a report to the claims administrator about your medical condition. If the treating doctor says you are able to work, he or she should describe:

- Clear and specific limits, if any, on your job tasks while recovering. These are called “work restrictions.” They should be based on full and accurate information from you and your employer about the activities and demands of your job. They are intended to protect you from further injury.

**Example:** No lifting over 50 pounds at any time. No lifting over 30 pounds more than 10 times per hour. No lifting over 30 pounds more than 15 minutes per hour.

- Changes needed, if any, in your schedule, assignments, equipment, or other working conditions while recovering.

**Example:** Provide headset to avoid awkward positions of the head and neck.

If the treating doctor reports that you cannot work at all while recovering, you cannot be required to work.

To review the steps you can take if you disagree with a medical report, see Chapter 2, pages 18–21.

### If You Can Work With Restrictions

If your treating doctor reports that you can return to work with work restrictions, any work that your employer assigns must meet these restrictions. Your employer may, for example, change certain tasks, reduce your time on certain tasks, or provide helpful equipment. Or, your employer may say that work like this is not available — if this happens, you cannot be required to work.

### If You Can Work Without Restrictions

If your treating doctor reports that you can return to your job without restrictions, your employer usually must give you the same job and pay that you had before you were injured. The employer can require you to take the job. This could happen soon after the injury, or it could happen much later, after your condition has improved.

#### TD Benefits

- ◆ If you lose wages while recovering, you may be eligible for temporary disability (TD) payments. To learn about these payments, see Chapter 3.



## My employer assigned work that seems to violate my work restrictions. What can I do?

You should show the doctor's work restrictions to your employer and discuss how the restrictions can be met. You don't have to accept an assignment that does not meet the restrictions. If you refuse this kind of assignment, you should clearly explain to your employer how it fails to meet the restrictions. If possible, do this in writing.

If your employer takes or threatens action against you because you won't accept this work assignment, this could be a violation of California Labor Code section 132a, which prohibits discrimination against injured workers.

If your employer cannot give you work that meets the work restrictions, the claims administrator must pay temporary total disability benefits (see Chapter 3).

If you have questions or need help, use the resources in Chapter 7. Don't delay, because there are *deadlines* for taking action to protect your rights.

## What happens if I don't fully recover?

Your treating doctor may determine that you will never be able to return to the same job or working conditions that you had before you were injured.

The doctor should report this in writing. The report should include permanent work restrictions to protect you from further injury.

(In some cases, you and the claims administrator first fill out a "Description of Employee's Job Duties" on form RU-91. This form was required for workers injured before 2004 who had been off work 90 days, and can still be used to help you return to work. The doctor reviews what you wrote on the form to determine whether you will be able to go back to your old job and working conditions.)

To review the steps you can take if you disagree with a medical report, see Chapter 2, pages 18–21.

### PD Benefits

- ◆ If the treating doctor reports that you will never recover completely, you may be eligible for permanent disability (PD) payments. To learn about these payments, see Chapter 5.

## Can I return to work for my employer even if I don't fully recover?

It depends on whether your employer can offer you a suitable job. If not, you may be eligible for other benefits. The section below describes your rights if you were injured in 2004 or later. The section following describes your rights if you were injured before 2004.

### ***If You Were Injured in 2004 or Later***

**Note:** *New laws provide for supplemental job displacement benefits for eligible workers injured in 2004 or later. These replace vocational rehabilitation benefits. The new laws have not been implemented yet (as of February 2005). Therefore, in the following discussion, the word “should” is used to describe regulations that have been proposed, but not yet adopted, by the state Division of Workers’ Compensation (DWC). To learn about updates, use the resources in Chapter 7.*

#### **Information from the Claims Administrator**

If you were receiving temporary disability (TD) benefits while recovering and those payments have ended, the claims administrator should send you a letter stating that your employer may offer you work. The letter should also state that if suitable work is not offered, you may be eligible for a supplemental job displacement benefit to help pay for retraining or skill enhancement. (This benefit is described in Chapter 6.) The claims administrator should send you this letter within 10 days after your final TD payment.

#### **If Your Employer Offers You Work**

If your employer can offer you work, the employer should send you an “Offer of Modified or Alternative Work” on a state DWC form. Your employer should send this within 30 days after your final TD payment.

The offer must be for a job that you are able to perform. In addition, the job must:

- Meet the work restrictions in the doctor’s report
- Last at least 12 months
- Pay at least 85% of the wages and benefits that you were paid at the time of injury
- Be within a reasonable commuting distance of where you lived at the time of injury.

The offer could involve one of the following:

- 1. Modified work.** This is your old job with changes that meet the doctor’s work restrictions. (**Note:** This definition of “modified work” is different

from the one for workers injured before 2004. The required pay is less, and the job can be at a different location than your old job.)

**Examples:** Changing certain tasks, reducing time on certain tasks, changing the workstation, providing helpful equipment, changing the work location.

- 2. Alternative work.** This is work that is different from your old job and meets the doctor's work restrictions.

If your employer offers you work that meets all of the requirements described above:

- You may have only 30 days to accept the offer. If you don't respond within 30 days, your employer could withdraw the offer.
- The claims administrator probably won't be required to offer you a supplemental job displacement benefit. This is true *whether or not* you accept the offer.

### **If Your Employer Doesn't Offer You Work**

If your employer does not offer you modified or alternative work and you do not return to work for your employer within 60 days after the final TD payment, the claims administrator must offer you a supplemental job displacement benefit. There may be a *deadline* for using this benefit. See Chapter 6.

### ***If You Were Injured Before 2004***

Workers who were injured before 2004 may be eligible for vocational rehabilitation benefits, if the employer does not offer suitable work.

### **Information from the Claims Administrator**

If your treating doctor reports that you probably will never be able to return to the same job or working conditions that you had before you were injured, the claims administrator must send you:

- A letter stating whether your employer is offering you work. If you are offered work, the claims administrator must also send you an "Offer of Modified or Alternative Work" on form RU-94.
- A letter stating whether the claims administrator is offering you vocational rehabilitation benefits. (Often this is the same letter as above.) These benefits are described in Chapter 6.
- A state pamphlet called "Help in Returning to Work."

- A copy of the doctor's report described above, with instructions on what to do if you disagree with the report.

The claims administrator must also send you these documents if you have been totally disabled because of your injury for more than 365 days.

## If Your Employer Offers You Work

If the claims administrator's letter says that your employer is offering you work, the job must meet the work restrictions in the doctor's report.

The offer could involve one of the following:

1. **Modified work.** This is your old job with changes that meet the doctor's work restrictions. It must last at least 12 months and pay the same wages and benefits as your old job. (**Note:** This definition of "modified work" is different from the one for workers injured in 2004 or later.)

**Examples:** Changing certain tasks, reducing time on certain tasks, changing the workstation, providing helpful equipment.

2. **Alternative work.** This is work that is different from your old job and meets the doctor's work restrictions. It must last at least 12 months, and it must pay at least 85% of the wages and benefits that you were paid at the time of injury. Also, it must be within a reasonable commuting distance of where you lived at the time of injury.

If your employer offers you work that meets all of the requirements described above:

- You may have only 30 days to accept the offer. If you don't respond within 30 days, your employer could withdraw the offer. (You have more time if the employer agrees.)
- The claims administrator probably won't be required to give you vocational rehabilitation benefits. This is true *whether or not* you accept the offer.

Your employer may offer work that will last at least 12 months but does not meet the other requirements of modified or alternative work. If this happens, and:

- You *accept* the offer, you could *lose* your right to receive vocational rehabilitation benefits.
- If you want to preserve your right to these benefits, you should reply that you cannot accept the offer and explain on form RU-94 how the work does not meet the requirements.

**Note:** If you accept an offer of work that will end sooner than 12 months, you do *not* lose your right to vocational rehabilitation.

## **If Your Employer Doesn't Offer You Work**

If the claims administrator's letter says that your employer is not offering you work, the letter must say whether the claims administrator is offering vocational rehabilitation benefits instead. These benefits are described in Chapter 6.

If you are offered these benefits, you may have only 90 days to reply in writing that you want them, want an evaluation, or want a delay.

If you don't reply within 90 days, you could lose your right to receive vocational rehabilitation. (You have more time to reply if the claims administrator doesn't remind you in writing 45 to 70 days after the original letter.)

## **My employer will not offer or assign me the kind of work that I want. What can I do?**

In some cases, the work assigned or offered to you may seem unfair, or your employer may not offer you any work at all. An employer, however, is not always required to offer you a job that you want. For example, there may not be any jobs you want that meet the doctor's work restrictions. Or your employer's decision may be justified by business realities.

On the other hand, if the reason your employer will not offer you the work you want is because you have a job injury or because you requested workers' compensation benefits, this could be a violation of California Labor Code section 132a. Similarly, if the reason your employer will not offer you the work you want is because you have a serious and permanent disability, this could be a violation of the federal Americans With Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA).

If you have questions or need help, use the resources in Chapter 7. Don't delay, because there are *deadlines* for taking action to protect your rights.







# Permanent Disability Benefits



For tips on how to “Keep Your Claim on Track,” see page 24. See also Chapter 7, “For More Information and Help.”

## What are permanent disability benefits?

Most workers recover from their job injuries. But some continue to have problems. If your treating doctor says you will never recover completely or will always be limited in the work you can do, you may have a permanent disability. This means that you may be eligible for permanent disability (PD) benefits.

PD benefits are payments that help make up for limitations in your ability to compete for jobs or earn a living in the *future*. However, you don’t have to lose your *current* job to be eligible for PD benefits.

PD benefits are limited. If you lose income, PD benefits may not cover all the income lost. If you experience losses unrelated to your ability to compete for jobs, PD benefits may not cover those losses.

### Other Benefits Besides PD

If you have a permanent disability, you may also be eligible to receive:

- ◆ Medical care for your injury, described later in this chapter.
- ◆ A supplemental job displacement benefit or vocational rehabilitation services. To find out about these benefits, see Chapter 6, “Benefits When You Need To Change Jobs.”
- ◆ Other financial help, such as Social Security disability benefits and benefits offered by some employers and unions. To find out about these benefits, use the resources in Chapter 7.

## What is a P&S report?

When you reach a point where your medical condition is not improving and not getting worse, your condition is called “permanent and stationary” (P&S). When this happens, your treating doctor writes a P&S report.

The P&S report should describe:

- Specific medical problems, such as how much you can move the injured parts of your body and how much pain you have.
- Limits on the work you can do. These are called “work restrictions.”
- Medical care that you may need in the future for your injury.
- Whether you are able to return to your old job.
- An estimate of how much your disability is caused by your job, compared to how much it is caused by other factors. (**Note:** You must answer questions from your treating doctor concerning other medical problems that may be causing your disability.)

Your treating doctor sends the P&S report to the claims administrator.

**Important!** The P&S report will affect your future benefits. You have a right to receive a copy of it. Request in writing that the claims administrator or your doctor give you copies of all medical reports.

Your treating doctor must use special language to describe your disability. This language affects your benefits. If you have questions, ask the doctor. Read the P&S report carefully, make sure it’s complete, and see if you agree with the doctor’s conclusions. Information that is incorrect or left out could result in loss of some benefits.

## **I don’t agree with the P&S report. What can I do?**

Sometimes different doctors have different opinions about a worker’s disability. You have a right to challenge the P&S report.

To review the steps you can take if you disagree with a medical report, see Chapter 2, pages 18–21.

## **What is a rating?**

A “rating” is a percentage that estimates how much your disability limits the kinds of work you can do or your ability to earn a living. It determines the amount of your PD benefits.

Ratings are based on several factors:

1. Your medical condition, as described in the P&S report or in a medical-legal report (medical-legal reports are described in Chapter 2, pages 20–22).

2. Your date of injury.
3. Your age when injured.
4. Your occupation (based on your job at the time of injury).
5. How much your disability is caused by your job, compared to how much it is caused by other factors.
6. Your reduced “future earning capacity.” This factor applies only to workers with a permanent disability that is rated using the 2005 rating schedule. (See the box, “Rating Schedules.”)

A rating of 100% means that you have a permanent *total* disability. Ratings of 100% are very rare. A rating between 1% and 99% means you have a permanent *partial* disability. Most injured workers do not have a permanent disability, and those who do usually have ratings between 5% and 30% (if injured before 2005).

### Rating Schedules

The “Schedule for Rating Permanent Disabilities” is used to rate disabilities based on the factors listed above. There are three schedules:

1. The earliest rating schedule applies to you if you were injured before April 1997.
2. The 1997 rating schedule applies to you if you were injured in April 1997 or later and your treating doctor wrote a PD report (a report stating that you have a permanent disability) or a P&S report before 2005. **Note:** It is not known at this time (February 2005) which report will be used for this purpose.
3. The 2005 rating schedule applies to you if your treating doctor did not write a PD report or a P&S report before 2005. **Note:** It is not known at this time (February 2005) which report will be used for this purpose.

To see the schedule that applies to you, contact a state Information & Assistance officer (see pages 64–65). To view the 2005 schedule, go to the Division of Workers’ Compensation website: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) (link to: Reports, schedules, and publications).

## How is my disability rated?

The P&S report is the first major step in the rating process:

- If the 2005 rating schedule applies to you (see “Rating Schedules” box), when your treating doctor writes the P&S report, he or she must rate your “impairment,” or how much you have lost the normal use of injured parts of your body. The doctor’s methods for rating your impairment must follow guidelines published by the American Medical Association (AMA).
- If one of the earlier rating schedules applies to you, your treating doctor is not required to rate your impairment in the P&S report.

To review the steps you can take if you disagree with a medical report, see Chapter 2, pages 18–21.

Next, you, your attorney, or the claims administrator can ask a state disability rater to rate your disability based on the P&S report. (If you were examined by a QME and don’t have an attorney, a state disability rater will automatically rate your disability.) Also, the claims administrator and your attorney may each try to predict a rating that a workers’ compensation judge would consider appropriate.

### Examples of Permanent Disability Ratings

(not adjusted for age, occupation, or other factors causing the disability)

Disability	1997 Rating Schedule	2005 Rating Schedule
Total loss of vision in one eye, normal vision (20/20) in other eye	25%	22% (adjusted for reduced “future earning capacity”)
Amputation of index finger at middle joint	5% or 6% (depending on which index finger was amputated)	9% (adjusted for reduced “future earning capacity”)

## I disagree with the rating by the claims administrator. What can I do?

You have a right to challenge the rating. Different people reviewing the same medical report will sometimes rate a worker’s disability differently.

You or your attorney (if you have one) can negotiate with the claims administrator over the correct rating of your disability. You can request a rating by a state disability rater and use this rating in your negotiations. If you and the claims administrator can’t agree on the rating of your disability, you can request that a workers’ compensation judge decide on the correct rating.

## I disagree with the rating by the state disability rater. What can I do?

If you don't have an attorney, you can ask the administrative director of the state Division of Workers' Compensation (DWC) to determine if mistakes were made in the medical evaluation process or the rating process. This is called reconsideration of your rating. You can also present your case to a workers' compensation judge.

To get help in requesting reconsideration or presenting your case to a workers' compensation judge, contact a state Information & Assistance officer (see pages 64–65). Ask about possible delays in the reconsideration process.

If you have an attorney, he or she can present your case to a workers' compensation judge.

### Examples of PD Benefits

**Note:** These examples are based on ratings that are adjusted for “future earning capacity” but not adjusted for age, occupation, or other factors causing the disability. They apply to workers who were injured in 2004, earned more than \$300 per week before the injury, and whose employer has less than 50 employees.

Disability	1997 Rating Schedule	2005 Rating Schedule
Total loss of vision in one eye, normal vision (20/20) in other eye	\$23,100 (total)	\$17,100 (total)
Amputation of index finger at middle joint	\$4,000 or \$4,800 (total), depending on which index finger was amputated	\$5,400 (total)

## How are PD payments determined?

PD benefit amounts are set by law. The claims administrator will determine how much to pay you based on several factors:

1. Rating(s) of your disability.
2. Your date of injury.
3. Your wages before you were injured.
4. If the 2005 rating schedule applies to you and your employer has 50 or more employees: If your employer offers you regular, modified, or alternative work lasting at least 12 months, your PD benefits will be decreased by 15%. If your

employer does not make this offer, your PD benefits will be increased by 15%. Regular work must pay the same wages and benefits as your old job and be within a reasonable commuting distance of where you lived at the time of injury. Modified or alternative work must pay at least 85% of the wages you were receiving at the time of injury and be within a reasonable commuting distance of where you lived at the time of injury.

## When will I receive PD payments?

If you have a permanent *partial* disability, you are eligible to receive the total amount of your PD benefits spread over a fixed number of weeks. If you have a permanent *total* disability, you are eligible to receive PD payments for the rest of your life.

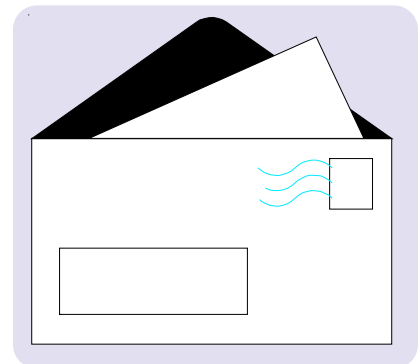
If you were receiving temporary disability (TD) benefits, the first PD payment is due within 14 days after the final TD payment. If you weren't receiving TD benefits, you should receive the first PD payment within 14 days after your treating doctor says your condition is permanent and stationary.

After the first payment, PD benefits must be paid every 14 days. They end when you reach the maximum amount allowed by law or when you settle your case and receive a lump sum. **Note:** This lump sum is reduced by the PD benefits that you already received, including any lump sum advances.

### Notices About PD Payments

The claims administrator must keep you up to date by sending letters that explain:

- ◆ How PD payments were determined
- ◆ When you will receive PD payments
- ◆ Reasons for any delay in PD payments
- ◆ Reasons for not paying PD benefits.





## Is the claims administrator required to pay a penalty for delays in PD payments?

Yes. If the claims administrator sends a payment late, he or she must pay you an additional 10% of the payment.

This is true even if there was a reasonable excuse for the delay and even if the claims administrator sends a letter explaining the delay. (Note, however, that this penalty is not required if you did not file a claim form for your injury.)

You could be awarded a total of 25% of each late payment, up to \$10,000, if there was *no* reasonable excuse for the delay.

## Can my case be settled?

Yes. After your disability is rated, the claims administrator may offer to settle your case. A settlement is an agreement between you and the claims administrator. There are two different ways to settle your case:

### 1. Stipulations with Request for Award (“Stips”)

- **Payments.** You and the claims administrator agree on when and how long you’ll continue to receive PD payments. You also agree on how much each payment will be.
- **Medical care.** The claims administrator usually agrees to keep paying for medical care for your injury, as long as care is needed. **Note:** New guidelines for treating job injuries are described in Chapter 2 (see “What kind of care will I receive for my injury?”). The guidelines are considered correct in most cases. They can be used even if your case settled before the guidelines were added to workers’ compensation law in 2003.
- **Possible changes in benefits.** If your condition gets worse, you have a right to request additional workers’ compensation benefits. Similarly, if your condition improves, the claims administrator has a right to request that the benefits be reduced. Usually a request for increase or decrease in benefits must be made within five years after the date of your injury.

### 2. Compromise and Release (“C&R”)

- **One payment.** The claims administrator agrees to pay you a lump sum. This covers the PD payments you haven’t received yet and other benefits. (Vocational rehabilitation benefits, however, can only be included in a C&R in some situations. See Chapter 6, page 56.)

- **Medical care.** If the lump sum (above) covers the estimated cost of future medical care, the claims administrator will no longer pay your doctor. This becomes your responsibility.
- **No changes in benefits.** You don't have the right to request additional workers' compensation benefits if your condition gets worse. Similarly, the claims administrator doesn't have the right to request that your benefits be reduced if your condition improves.

If you and the claims administrator agree on a settlement, a workers' compensation judge must review it to determine whether it is adequate.

## **What if I don't agree with the claims administrator's settlement offers?**

You are not required to accept the claims administrator's offers. You can negotiate a settlement. If you can't reach an agreement with the claims administrator, you can present your case to a workers' compensation judge. The judge will decide what benefits you will receive. This decision is called a Findings and Award. It will be sent to you in writing.

Negotiating a settlement or presenting your case to a workers' compensation judge can be difficult. To get help, use the resources in Chapter 7.



# Benefits When You Need To Change Jobs

 For tips on how to “Keep Your Claim on Track,” see page 24. See also Chapter 7, “For More Information and Help.”

If your treating doctor determines that you will never recover completely or be able to return to the same job and working conditions that you had before you were injured, you may be eligible to receive a supplemental job displacement benefit or vocational rehabilitation benefits.

The type of benefit you may receive depends on your date of injury. The section below describes supplemental job displacement benefits, which are available to workers injured in 2004 or later. The section following describes vocational rehabilitation benefits, which are available to workers injured before 2004.

## If You Were Injured in 2004 or Later

**Note:** *New laws provide for supplemental job displacement benefits for eligible workers injured in 2004 or later. These replace vocational rehabilitation benefits. The new laws have not been implemented yet (as of February 2005). Therefore, in the following discussion, the word “should” is used to describe regulations that have been proposed, but not yet adopted, by the state Division of Workers’ Compensation (DWC). To learn about updates, use the resources in Chapter 7.*

### What is a supplemental job displacement benefit?

A supplemental job displacement benefit is a voucher that promises to help pay for educational retraining or skill enhancement, or both, at state-approved or state-accredited schools. The voucher should be in the form of a letter to you from the claims administrator. You can use the voucher to pay for tuition, fees, books, or other expenses required by the school for retraining or skill enhancement. No more than 10 percent of the voucher money may be used for vocational or return-to-work counseling. The voucher cannot be used by other persons.



## **What is the dollar amount of this benefit?**

The amount depends on the rating that a workers' compensation judge considers appropriate for your permanent disability. The judge makes this determination when reviewing a settlement of your case or when issuing a Findings and Award in your case. For more information about permanent disability ratings, see Chapter 5.

The dollar amounts of vouchers are as follows:

- Up to \$4,000 for permanent disability ratings less than 15%
- Up to \$6,000 for permanent disability ratings between 15% and 25%
- Up to \$8,000 for permanent disability ratings between 26% and 49%
- Up to \$10,000 for permanent disability ratings between 50% and 99%.

## **How can I obtain this benefit?**

As discussed in Chapter 4, if your employer does not offer you modified or alternative work within 30 days after your final temporary disability (TD) payment and you do not return to work for your employer within 60 days after that payment, the claims administrator must offer you a supplemental job displacement benefit.

## **When do I receive the voucher?**

If you are eligible, the claims administrator should give or send you a voucher after the claims administrator starts paying permanent partial disability benefits.

If a workers' compensation judge later decides on a higher permanent disability rating than the one estimated by the claims administrator, the claims administrator must give or send you a voucher for the additional amount due. He or she should do this within 25 days after the judge issues an award for permanent partial disability.

For more information about permanent disability benefits, see Chapter 5.

## **What schools can I attend?**

The voucher helps pay for you to attend a state-approved or state-accredited school. This can be a California community college, a California state university, or the University of California.

Or it can be a private school in California that is:

- Approved by the California Bureau for Private Postsecondary and Vocational Education (BPPVE) or a California state agency that has an agreement with the BPPVE for the regulation and oversight of non-degree-granting private postsecondary institutions, or

- Accredited by one of the regional associations of schools and colleges authorized by the U.S. Department of Education, or
- Certified by the Federal Aviation Administration.

It can also be a school outside California approved by an agency in another state similar to the BPPVE.

### **What vocational or return-to-work counselors can I use?**

The state Division of Workers' Compensation plans to maintain a list of qualified vocational and return-to-work counselors. To see the list, contact a state Information & Assistance officer (see pages 64–65).

### **How do I use the voucher to pay for expenses?**

If you present the voucher to the school you attend and to the vocational or return-to-work counselor you use, they send invoices to the claims administrator, who pays them directly. He or she should do this within 45 days after receiving the invoices.

If you pay the expenses directly and submit receipts to the claims administrator, the claims administrator reimburses you. He or she should do this within 45 days after receiving the receipts.

### **Is there a deadline for using the voucher?**

It is not known at this time (February 2005) whether vouchers can expire. If you are approaching five years after your date of injury and have not been able to use your voucher yet, find out what you should do. Use the resources in Chapter 7.

### **I disagree with a decision that affects my supplemental job displacement benefit. What can I do?**

You can contact your employer, the claims administrator, a state Information & Assistance officer, an attorney, or your union (if you have one). You can also request a hearing before a workers' compensation judge.

As of February 2005, the state Division of Workers' Compensation (DWC) is proposing that before a workers' compensation judge can hear a dispute involving supplemental job displacement benefits, the administrative director of the DWC must be given an opportunity to resolve the dispute. For instructions on getting help from the administrative director or from a workers' compensation judge, contact an Information & Assistance officer or an attorney.

The resources listed above are described in Chapter 7. Don't delay, because there are *deadlines* for taking action to protect your rights.



## If You Were Injured Before 2004

Vocational rehabilitation benefits are available to eligible workers who were injured before 2004.

### What are vocational rehabilitation benefits?

Vocational rehabilitation benefits include:

- Services to help you find a job, if you are unable to do your old job and your employer doesn't offer you other work. The services may include, for example, counseling, training, education, or self-employment.
- A maintenance allowance to help with living expenses while receiving these services.

Receiving vocational rehabilitation services does not guarantee that you will find a job, or that it will pay the same as your old job.

### Are there dollar limits on these benefits?

Yes. Usually the claims administrator is only required to pay up to \$16,000 (total) for vocational rehabilitation benefits. This includes fees paid to a rehabilitation counselor, costs of training or education, and maintenance allowance payments while you are in vocational rehabilitation.

### Is there a time limit on using these benefits?

Yes. Vocational rehabilitation benefits are available only through December 31, 2008.

### How can I obtain vocational rehabilitation?

As discussed in Chapter 4, the claims administrator may *offer* you vocational rehabilitation.

You also can *request* it in some situations. For example, you can request vocational rehabilitation if you weren't ready for the services before, but now you are ready. The deadline to request vocational rehabilitation depends on many factors.

To get help requesting vocational rehabilitation benefits, use the resources in Chapter 7.

### What happens next?

If you accept an offer of vocational rehabilitation or your request for vocational rehabilitation is approved, the claims administrator will suggest a rehabilitation

counselor to evaluate and counsel you. This person is also called a qualified rehabilitation representative, or QRR.

The claims administrator must reach agreement with you on the person who will be your rehabilitation counselor.

### **Am I required to use the services of a rehabilitation counselor?**

Usually a worker is required to use the services of a rehabilitation counselor while in vocational rehabilitation. Fees paid to the counselor are part of the \$16,000 limit on your vocational rehabilitation benefits.

However, if you are already enrolled at a community college, state university, or the University of California, it is possible that funds normally paid for counseling may be used to help pay for your college or university costs.

To request permission to have these funds pay for college or university costs, contact a state Division of Workers' Compensation rehabilitation consultant. Check the Government Pages at the front of the white pages of a phone book. Look under: State Government Offices/Industrial Relations/Workers' Compensation. Or contact an Information & Assistance officer or any attorney. These resources are described in Chapter 7.

### **What happens after the rehabilitation counselor is selected?**

After the rehabilitation counselor is selected, he or she meets with you to determine whether you will be able to participate in vocational rehabilitation.

If you are able to participate in vocational rehabilitation, you and your rehabilitation counselor jointly prepare a written vocational rehabilitation plan.

The plan could include one of the following:

- A modified job or alternative work with your employer (even if your employer did not offer this earlier)
- Job placement with another employer
- On-the-job training
- Education or training in a school
- Self-employment.

After preparing the plan, you receive the services described in the plan. You may also receive job-placement counseling from the rehabilitation counselor.

## **What payments can I receive for living expenses while in vocational rehabilitation?**

If you are receiving temporary disability (TD) payments, you continue to receive them while participating in vocational rehabilitation. They continue for as long as you are eligible for TD. (To learn about TD payments, see Chapter 3.) TD payments are not part of the \$16,000 limit on vocational rehabilitation benefits.

If you are not receiving TD payments, you may be eligible to receive:

- Vocational rehabilitation maintenance allowance (VRMA) payments. These can be up to \$246 per week (depending on your wages before injury), for up to 52 weeks. VRMA payments are part of the \$16,000 limit on your vocational rehabilitation benefits.
- Permanent disability (PD) payments in some situations, to supplement the maintenance allowance. To learn about PD payments, see Chapter 5.

## **Can I decline vocational rehabilitation?**

Yes. You may reject an offer of vocational rehabilitation benefits if you do not need or want the services. If you reject this offer, however, you may lose your right to receive vocational rehabilitation in the future.

## **Can I exchange vocational rehabilitation benefits for cash?**

If you are represented by an attorney, you may give up your rights to future vocational rehabilitation benefits as part of a settlement. (A settlement is an agreement between you and the claims administrator about your workers' compensation case. See Chapter 5, pages 48–49.) In a settlement involving vocational rehabilitation benefits, you would receive a lump-sum payment, not greater than \$10,000, to be used in self-directed vocational rehabilitation.

If you are *not* represented by an attorney, you cannot give up your rights to future vocational rehabilitation benefits as part of a settlement unless certain conditions are met.

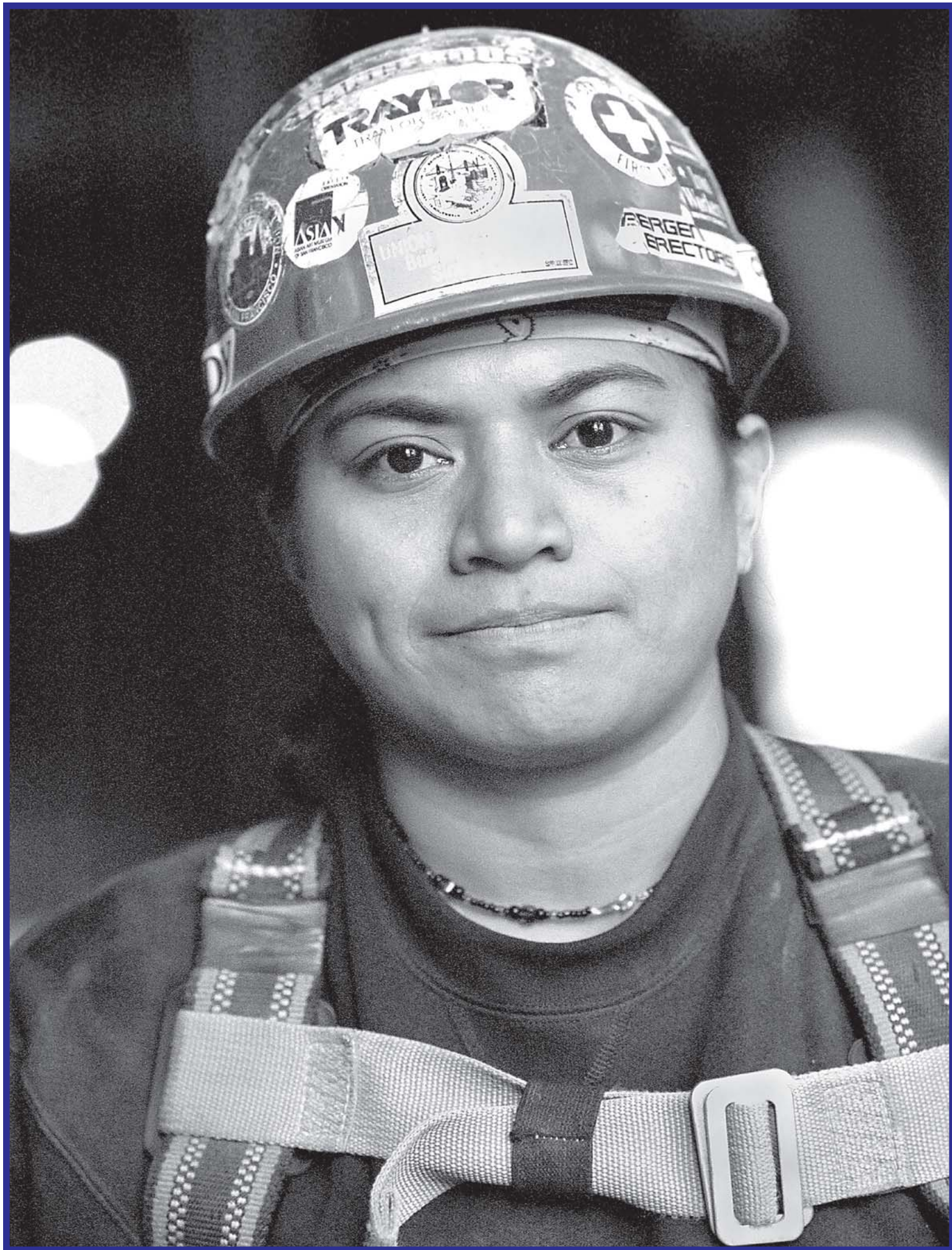
## **I disagree with a decision that affects my vocational rehabilitation benefits. What can I do?**

You can contact your employer, the claims administrator, a state Information & Assistance officer, an attorney, or your union (if you have one). You can also request help from a state Division of Workers' Compensation rehabilitation consultant. Rehabilitation consultants oversee vocational rehabilitation procedures, make decisions about vocational rehabilitation benefits, and help resolve disputes.

To contact a rehabilitation consultant, check the Government Pages at the front of the white pages of a phone book. Look under: State Government Offices/Industrial Relations/Workers' Compensation. Or contact an Information & Assistance officer or an attorney.

The resources listed above are described in Chapter 7. Don't delay, because there are *deadlines* for taking action to protect your rights.





# For More Information and Help

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- **Your Employer.** Your employer is required to post information and give you written materials that explain workers' compensation. If you have questions, you can contact your supervisor, someone else in management, or your employer's personnel or benefits department.
- **The Claims Administrator.** This person handles workers' compensation claims for your employer. Most claims administrators work for insurance companies or other organizations that handle claims for employers. Some claims administrators work directly for large employers that handle their own claims. This person may also be called a claims examiner or claims adjuster. The claims administrator is required to send you written information about your claim and may answer questions. If you can't reach the claims administrator, ask to speak with his or her supervisor.
- **State Division of Workers' Compensation.** DWC administers workers' compensation laws and provides information and help to injured workers. Check the Government Pages at the front of the white pages of a phone book. Look under: State Government Offices/Industrial Relations. See also the DWC website: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).



**Information & Assistance.** I&A officers answer questions and help injured workers resolve problems with their claims. Their services are free. For more information, see “Questions & Answers About State Information & Assistance Services” on pages 64–65.

**Medical Unit.** This unit oversees medical provider networks (MPNs), independent medical review (IMR) physicians, health care organizations (HCOs), qualified medical evaluators (QMEs), utilization review (UR) plans, and spinal surgery second opinion physicians. For information or to report a problem, call toll-free: 1-800-794-6900 or 1-800-999-1041. See also the Medical Unit website: [www.dir.ca.gov/imc](http://www.dir.ca.gov/imc).

**Workers’ Compensation Appeals Board.** This is where workers’ compensation judges hear cases and decide on problems and disputes. If a problem can’t be resolved through discussions with the claims administrator, an I&A officer can help you request a hearing before a workers’ compensation judge, or an attorney can request a hearing and represent you before the judge. If you disagree with a decision of a workers’ compensation judge, you can request reconsideration of the judge’s decision by a seven-member Appeals Board.

**Vocational Rehabilitation.** State rehabilitation consultants oversee vocational rehabilitation, make decisions about vocational rehabilitation benefits, and help resolve problems.

- **State Commission on Health and Safety and Workers’ Compensation.** CHSWC conducts ongoing studies and makes recommendations to improve the workers’ compensation system and the state’s activities to prevent job injuries. Studies, reports, and issues papers are posted online at the CHSWC website: [www.dir.ca.gov/chswc](http://www.dir.ca.gov/chswc).
- **Applicants’ Attorneys.** These are lawyers who represent injured workers in their workers’ compensation cases. For more information, see “Questions & Answers About Attorneys” on pages 66–67.
- **Your Treating Doctor.** You can ask your treating doctor about the kind of medical care you need, the kind of work you can do while recovering, and whether you’ll have a permanent disability. You can also ask your treating doctor for copies of all medical reports that he or she sends to the claims administrator.
- **Labor Organizations.** Your union may help resolve problems with your workers’ compensation claim, tell you about other benefits, negotiate changes needed in your job, protect you from discrimination, and refer you to legal services. You can also seek help from a central labor council or building trades council in your area.

■ **Occupational Health Clinics.** Doctors at occupational health clinics specialize in work-related injuries and illnesses. For information about occupational health clinics, call the Association of Occupational and Environmental Clinics at 1-202-347-4976, or ask your personal physician or health plan. See also the AOEC website: [www.aoec.org](http://www.aoec.org).

■ **Injured Worker Support Groups.** These groups share practical information and provide support for people with job injuries. For information about support groups and other resources for injured workers, see the website of the CTD Resource Network, Inc.: [www.tifaq.org](http://www.tifaq.org). Through this website, you can link to: Support Groups.

## ■ **Health & Safety Agencies and Organizations**

For help with health or safety hazards at work:

**California Division of Occupational Safety and Health (Cal/OSHA).** Check the Government Pages at the front of the white pages of a phone book. Look up: State Government Offices/Industrial Relations/Occupational Safety & Health. Cal/OSHA takes worker complaints, inspects workplaces, and enforces health and safety laws. See also the Cal/OSHA website: [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh).

**Labor Occupational Health Program (LOHP),** University of California at Berkeley (phone: 1-510-642-5507; website: [www.lohp.org](http://www.lohp.org)). Offers information, training, and help on health and safety matters, including workers' compensation. Serves workers, unions, and others in California and nationwide.

**Labor Occupational Safety and Health Program (LOSH),** University of California at Los Angeles (phone: 1-310-794-5964; website: [www.losh.ucla.edu](http://www.losh.ucla.edu)). Offers information, training, and help on health and safety matters, including workers' compensation. Serves workers, unions, and others in California and nationwide.

## ■ **Other State and Federal Agencies—Financial Assistance**

**California Employment Development Department (EDD)** (phone: 1-800-480-3287). For a local office, check the Government Pages at the front of the white pages of a phone book. Look under: State Government Offices. EDD gives information on State Disability Insurance (SDI) and unemployment insurance (UI) benefits. See also the EDD website: [www.edd.ca.gov](http://www.edd.ca.gov).

**U.S. Social Security Administration (SSA)** (phone: 1-800-772-1213). For a local office, check the Government Pages at the front of the white pages of a phone book. Look under: United States Government Offices. SSA gives information on Social Security disability benefits and other benefits. See also the SSA website: [www.ssa.gov](http://www.ssa.gov).

## ■ Other State and Federal Agencies—Discrimination Complaints

**Workers' compensation law.** If you face discrimination for filing a workers' compensation claim or for having a job injury, you can contact an Information & Assistance officer, an applicants' attorney, or your union (if you have one).

**Disability rights laws.** If you face discrimination because of a permanent disability or other medical condition, you can contact an attorney who specializes in employment law. You can get names of attorneys from a local bar association, a county legal aid society, your union (if you have one), or other injured workers. You can also contact the State Bar of California about lawyer referral services (phone: 1-415-538-2250; website: [www.calbar.ca.gov](http://www.calbar.ca.gov)), or check the yellow pages of a phone book and look under: Attorney Referral Service.

You can also ask for help from these agencies:

**U.S. Equal Employment Opportunity Commission (EEOC)** (phone: 1-800-669-4000). For a local office, check the Government Pages at the front of the white pages of a phone book. Look under: United States Government Offices/Discrimination. See also the EEOC website: [www.eeoc.gov](http://www.eeoc.gov).

**California Department of Fair Employment and Housing** (phone: 1-800-884-1684). For a local office, check the Government Pages at the front of the white pages of a phone book. Look under: State Government Offices. See also the DFEH website: [www.dfeh.ca.gov](http://www.dfeh.ca.gov).

## ■ Books and Other Materials

***Your Medical Evaluation***, in English and Spanish. Free copies may be available. Contact the state Division of Workers' Compensation's Medical Unit (phone: 1-800-794-6900; website: [www.dir.ca.gov/imc](http://www.dir.ca.gov/imc)).

***California Labor Code***. Contains most of the California workers' compensation laws. Available in public libraries and law libraries. Can be viewed online: [www.dir.ca.gov](http://www.dir.ca.gov). Important sections include:

- Eligibility for benefits: 3350-3371, 3600-3605, 5401
- Rules against suing employers; exceptions: 3602, 3706, 4558
- Nondiscrimination: 132a
- Fraud: 3820
- Willful misconduct by employer or employee: 4551-4553.1
- Right to medical treatment within one working day after filing claim form: 5402(c)
- Rights to choose the treating physician: 3550(e), 3551, 4600-4601

- Medical treatment guidelines: 4600, 4604.5, 5307.27
- Medical provider networks: 4616-4616.7
- Health care organizations: 4600.3
- Medical evaluations (QMEs and AMEs): 139.2, 4060-4067.5, 4620-4628
- Utilization review: 4610
- TD and PD benefits: 4453-4459, 4650-4664
- Supplemental job displacement benefits: 4658.5, 4658.6
- Vocational rehabilitation: 139.5, former 4635-4647
- Death benefits: 4700-4728
- Settlement: 5000-5106
- Labor-management carve-out agreements: 3201.5, 3201.7

**Caution:** Certain rules that apply to your case may be found in case law rather than the Labor Code. Case law includes past decisions of workers' compensation judges, the Appeals Board, and state courts.

***Schedule for Rating Permanent Disabilities.*** This state publication is used to rate permanent disabilities. There are three schedules, depending on your date of injury and the medical reports in your case. To see the schedule that applies to you, contact a state Information & Assistance officer (see pages 64–65). To view the 2005 schedule, go to the Division of Workers' Compensation website: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) (link to: Reports, schedules, and publications).

***California Workers' Comp: How To Take Charge When You're Injured on the Job***, 5th edition, by Christopher A. Ball, September 2004. A detailed guide for workers, available in bookstores or from Nolo Press (phone: 1-800-728-3555; website: [www.nolo.com](http://www.nolo.com)).

***California Workers' Compensation Practice***, 4th edition, Continuing Education of the Bar, California, updated June 2004. A comprehensive reference for attorneys, available in law libraries.

***Carve-Outs: A Guidebook for Unions and Employers in Workers' Compensation***, May 2004. A guide for unions, employers, and workers on how to create an effective alternative to the dispute resolution procedures in the California workers' compensation system, prepared by the Commission on Health and Safety and Workers' Compensation. For a free copy, contact the Commission (phone: 1-510-622-3959; website: [www.dir.ca.gov/chswc](http://www.dir.ca.gov/chswc)).

***Navigating the California Workers' Compensation System***, 1996. A report of injured workers' experiences, prepared by U.C. Berkeley's Labor Occupational Health Program. For a free copy, contact the Commission on Health and Safety and Workers' Compensation (phone: 1-510-622-3959; website: [www.dir.ca.gov/chswc](http://www.dir.ca.gov/chswc)).

## Questions & Answers About State Information & Assistance Services

### **Q.** How can state I&A officers help me?

**A.** I&A officers can give you workers' compensation forms and printed guides. The guides include:

- #01: How to File a Claim Form
- #02: How to Dismiss Your Attorney
- #03: How to File a Complaint with the Audit Unit
- #04: How to Request a Qualified Medical Evaluation
- #05: How to File a Petition for Commutation
- #06: How to File a Petition for Reconsideration
- #07: How to File a Declaration of Readiness to Proceed
- #08: How to File a Rehabilitation Appeal
- #09: How to File a Serious & Willful Misconduct Petition
- #10: How to File an Application for Adjudication of Claim
- #11: How to File a Petition for Discrimination (Labor Code 132a)
- #12: How to File a Petition to Reopen
- #13: How to Object to Your Summary Rating
- #14: How to File a Lien

I&A officers:

- May answer questions about your claim. Help is available in several languages.
- May call the claims administrator to help clear up misunderstandings.
- May hold meetings to resolve problems or disputes.
- *Cannot* actively prepare your case, argue on your behalf, or speak as your representative (unlike an attorney).

### **Q.** How can I contact an I&A officer?

**A.** Call toll-free (phone: 1-800-736-7401) to hear recorded messages or request written materials.

Attend a free, one-hour I&A workshop (designed mostly for injured workers who do not have attorneys and whose cases have been accepted).

Call a local I&A officer, at an office listed on the next page.

## State Division of Workers' Compensation (DWC) Information & Assistance Offices

State Information & Assistance (I&A) officers answer questions and help injured workers. Their services are free. The numbers listed below were effective as of February 2005.

◆ **Toll-Free: 1-800-736-7401**

Call this number to hear recorded messages.

◆ **District Offices:** (For addresses, check the Government Pages at the front of the white pages of your phone book. Look under: State Government Offices/Industrial Relations/Workers' Compensation. See also the DWC website: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).)

- |                                  |                                    |                                  |
|----------------------------------|------------------------------------|----------------------------------|
| • Anaheim<br>1-714-738-4038      | • Pomona<br>1-909-623-8568         | • Santa Monica<br>1-310-452-1188 |
| • Bakersfield<br>1-661-395-2514  | • Redding<br>1-530-225-2047        | • Santa Rosa<br>1-707-576-2452   |
| • Eureka<br>1-707-441-5723       | • Riverside<br>1-951-782-4347      | • Stockton<br>1-209-948-7980     |
| • Fresno<br>1-559-445-5355       | • Sacramento<br>1-916-263-2741     | • Van Nuys<br>1-818-901-5367     |
| • Goleta<br>1-805-968-4158       | • Salinas<br>1-831-443-3058        |                                  |
| • Grover Beach<br>1-805-481-3296 | • San Bernardino<br>1-909-383-4522 |                                  |
| • Long Beach<br>1-562-590-5240   | • San Diego<br>1-619-767-2082      |                                  |
| • Los Angeles<br>1-213-576-7389  | • San Francisco<br>1-415-703-5020  |                                  |
| • Oakland<br>1-510-622-2861      | • San Jose<br>1-408-277-1292       |                                  |
| • Oxnard<br>1-805-485-3528       | • Santa Ana<br>1-714-558-4597      |                                  |





# Questions & Answers About Attorneys

## **Q.** How can an attorney help me?

### **A.** The job of an applicants' attorney is to:

- protect your rights
- plan a strategy for your case to obtain all the benefits owed to you
- be your advocate
- gather information to support your claim
- keep track of deadlines
- represent you in hearings before a workers' compensation judge
- tell you about additional claims and benefits that may be available.

## **Q.** How are attorneys paid?

### **A.** Most applicants' attorneys provide one free consultation. If you hire an attorney, you don't pay right away. Instead, the attorney's fee is taken out of some of your benefits later. The fee is usually 9% to 15% of your final permanent disability settlement or award, plus an additional amount if you receive vocational rehabilitation benefits. A workers' compensation judge must approve the fee.

**Note:** Often applicants' attorneys will not take cases where the worker does not have a permanent disability.

## **Q.** When do I need an attorney?

### **A.** You may need an attorney if:

- You believe your employer or the claims administrator is treating you unfairly or withholding benefits; or
- You have a permanent disability that limits you or causes pain; or
- You're not sure how to proceed with your case, and no one else will help.

**Q. What are possible drawbacks of hiring an attorney?**

**A.** The attorney's fee will be taken out of your benefits. Also, other people involved in your case may be allowed to speak only with your attorney on important matters, and cannot speak directly with you.

**Q. How do I choose an attorney?**

**A.** Choose one with experience in workers' compensation, preferably one who is certified by the State Bar of California as a workers' compensation specialist. You can get names of applicants' attorneys from the State Bar of California (phone: 1-415-538-2120; website: [www.calbar.ca.gov](http://www.calbar.ca.gov)), a local bar association, the California Applicants' Attorneys Association (phone: 1-800-459-1400; website: [www.caaa.org](http://www.caaa.org)), a county legal aid society, your union (if you have one), or other injured workers.

Choose carefully. In your first meeting, see how well the attorney and his or her staff communicate with you. If you hire an attorney and then later want to switch, it may be difficult to find another attorney to take your case.



# Glossary

*This glossary gives brief explanations of terms that are commonly used in workers' compensation. These are not the full legal definitions.*

## **ACOEM**

American College of Occupational and Environmental Medicine. Until the effective date of medical treatment guidelines adopted by the state Division of Workers' Compensation, guidelines published by ACOEM, called "Occupational Medicine Practice Guidelines," are considered correct in most cases regarding the type and amount of treatment needed for job injuries.

## **AMA**

American Medical Association. For workers whose permanent disability must be rated using the 2005 rating schedule, the treating physician is required to rate the worker's impairment using guidelines published by AMA called, "Guides to the Evaluation of Permanent Impairment."

## **AOE/COE**

"Arising out of and in the course of employment," or caused by a worker's job and occurring while working. An injury or illness must be AOE/COE to be covered by workers' compensation.

## **Accepted claim**

A workers' compensation claim in which the claims administrator agrees that the worker's injury or illness is covered by workers' compensation. Even if a claim is accepted, however, there may be delays or other problems. *Also called "admitted claim."*

## **Agreed medical evaluator (AME)**

A doctor who is selected by agreement between the injured worker's attorney and the claims administrator to conduct a medical examination and prepare a medical-legal report to help resolve a dispute.

## **Alternative work**

If your treating physician reports that you will never recover completely or be able to return to the same job or working conditions that you had before you were injured, your employer is permitted to offer you alternative work instead of a supplemental job displacement benefit or vocational rehabilitation benefits. This is work that is different

from your old job. It must meet your work restrictions, last at least 12 months, pay at least 85% of the wages and benefits that you were paid at the time of injury, and be within a reasonable commuting distance of where you lived at the time of injury.

**Americans With Disabilities Act (ADA)**

A federal law that prohibits discrimination against disabled persons. Employment provisions of the ADA are administered by the U.S. Equal Employment Opportunity Commission (EEOC).

**Appeals Board**

A group of seven commissioners who review and reconsider decisions of workers' compensation administrative law judges.

**Applicants' attorney**

A lawyer who represents injured workers in their workers' compensation cases. "Applicant" refers to the injured worker.

**Cal/OSHA**

The Division of Occupational Safety and Health, which is a state agency that inspects workplaces and administers laws to protect the health and safety of workers in California.

**California Labor Code section 132a**

A state workers' compensation law that prohibits discrimination against injured workers and co-workers who testify in the injured worker's case.

**Carve-out**

An alternative to the dispute resolution procedures in the California workers' compensation system. Carve-outs can be created only through collective bargaining agreements between labor unions and employers.

**Challenge**

Disagree with, object to, or place in dispute.

**Claim Form (DWC-1)**

A form that a worker uses to report a job injury or illness to the employer.

**Claims adjuster**

*See "claims administrator."*

**Claims administrator**

A person who handles workers' compensation claims for employers. Most claims administrators work for insurance companies or other organizations that handle claims for employers. Some claims administrators work directly for large employers that handle their own claims. *Also called "claims examiner" or "claims adjuster."*

**Claims examiner**

*See "claims administrator."*



**Commission on Health and Safety and Workers' Compensation (CHSWC)**

A state-appointed body, consisting of four labor and four management representatives, that sponsors and conducts ongoing studies and makes recommendations to improve the California workers' compensation system and the state's activities to prevent job injuries.

**Compromise and release (C&R)**

A type of settlement where the worker receives a lump sum payment and may become responsible for paying for future medical care for the injury.

**Cumulative injury**

An injury that was caused by repeated events or repeated exposures at work. Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.

**Date of injury**

If the injury was caused by one event (a specific injury), this is the date of the event. If the injury was caused by repeated exposures (a cumulative injury), this is the date that the worker knew or should have known that the injury was caused by work.

**Death benefits**

Payments to the spouse, children, or other dependents of a worker who dies from a job injury or illness.

**Delay letter**

A letter sent by the claims administrator to the injured worker that explains why payments are delayed, what information is needed before payments will be sent, and when a decision will be made about the payments.

**Denied claim**

A workers' compensation claim in which the claims administrator believes that the worker's injury or illness is not covered by workers' compensation, and has notified the worker of this decision.

**Description of Employee's Job Duties (RU-91)**

A form that is filled out jointly by the injured worker and the claims administrator, to enable the treating physician to determine whether the worker will be able to return to his or her usual job and working conditions.

**Disability rater**

An employee of the state Division of Workers' Compensation who rates an injured worker's permanent disability after reviewing a medical report or a medical-legal report that describes the worker's condition.

**Disability rating**

*See "permanent disability rating."*



**Dispute**

A disagreement about a worker's entitlement to payments, services, or other rights and benefits.

**Division of Workers' Compensation (DWC)**

A state agency that administers workers' compensation laws in California and provides information and assistance to injured workers and others about the workers' compensation system.

**Fair Employment and Housing Act (FEHA)**

A state law, administered by the California Department of Fair Employment and Housing, that prohibits discrimination against disabled persons. In some areas, the FEHA is more protective than the federal Americans With Disabilities Act (ADA).

**Family and Medical Leave Act (FMLA)**

A federal law, administered by the U.S. Department of Labor, that requires most employers of 50 or more employees to grant unpaid leave, without loss of job, to workers with serious health problems or who need to care for a child or other family member.

**Filing**

Sending or delivering a document to an employer or a governmental agency as part of a legal process. The date of filing is the date the document is received.

**Findings and Award**

A written decision by a workers' compensation administrative law judge about an injured worker's case, including payments and future medical care that must be provided to the worker.

**Health care organization (HCO)**

An organization certified by the state Division of Workers' Compensation that contracts with an employer or insurer to provide managed medical care in the California workers' compensation system.

**Hearing**

A legal proceeding or event where a workers' compensation administrative law judge holds a meeting to discuss issues or receives information from different persons in order to make a decision about a dispute or a proposed settlement.

**Impairment rating**

A percentage that estimates how much a worker has lost the normal use of injured parts of the body. Impairment ratings are determined based on guidelines published by the American Medical Association (AMA). *Different from "permanent disability rating."*

**Industrial Medical Council (IMC)**

A former state agency that certified and regulated qualified medical evaluators (QMEs) in California and provided educational materials about the medical evaluation process. In 2003, the IMC was eliminated and its functions were transferred to the state Division of Workers' Compensation's Medical Unit.

**Information & Assistance (I&A) officer**

An employee of the state Division of Workers' Compensation who answers questions, assists injured workers, provides written materials, conducts informational workshops, and holds meetings to informally resolve problems with claims. Most of their services are designed to help workers who do not have an attorney.

**Injury and Illness Prevention Program (IIPP)**

A health and safety program that employers are required to develop and implement. This requirement is enforced by Cal/OSHA.

**Judge**

*See "workers' compensation administrative law judge."*

**Medical care**

*See "medical treatment."*

**Medical-legal report**

A report written by a doctor that describes an injured worker's medical condition. These reports are written to help clarify disputed medical issues.

**Medical provider network (MPN)**

A set of physicians and other health care providers selected by an employer or insurer to treat injured workers in the California workers' compensation system. Medical provider networks may be established in 2005 or later. They must be approved by the state Division of Workers' Compensation.

**Medical treatment**

A workers' compensation benefit, offered to the injured worker, that is "reasonably required to cure or relieve from the effects of the injury." *Also called "medical care."*

**Medical Unit**

A unit within the state Division of Workers' Compensation that oversees medical provider networks (MPNs), independent medical review (IMR) physicians, health care organizations (HCOs), qualified medical evaluators (QMEs), utilization review (UR) plans, and spinal surgery second opinion physicians.

**Modified work**

If your treating physician reports that you will never recover completely or be able to return to the same job or working conditions that you had before you were injured, your employer is permitted to offer you a modified job instead of a supplemental job displacement benefit or vocational rehabilitation benefits. For workers injured in 2004 or later, this is your old job with changes that meet the doctor's work restrictions; it must last at least 12 months, pay at least 85% of the wages and benefits that you were paid at the time of injury, and be within a reasonable commuting distance of where you lived at the time of injury. For workers injured before 2004, these same requirements apply except that the job must pay the same wages and benefits and be in the same location as your old job.

### Objective factors

Measurements, direct observations, and test results that a treating physician, a QME, or an AME describes as contributing to an injured worker's permanent disability.

### Offer of Modified or Alternative Work (RU-94)

A form that a claims administrator sends to an injured worker who was injured before 2004 if the treating physician reports that the worker probably will never be able to return to his or her job or working conditions, and the employer is offering modified or alternative work instead of vocational rehabilitation benefits.

### Offer of Modified or Alternative Work (unknown form number)

A form that a claims administrator sends to an injured worker who was injured in 2004 or later if the treating physician reports that the worker has a permanent disability and the employer is offering modified or alternative work instead of a supplemental job displacement benefit.

### P&S report

A medical report written by a treating physician that describes the injured worker's medical condition when it has stabilized. *See also* "permanent and stationary."

### Penalty

A fine charged to an employer or claims administrator and paid to the injured worker. It can refer to an automatic 10% penalty for a delay in one payment, or a 25% penalty, up to \$10,000, for an unreasonable delay.

### Permanent and stationary (P&S)

The point at which a doctor reports that the injured worker's condition has stabilized, or is not expected to get any better or any worse. *See also* "P&S report."

### Permanent disability (PD) benefits

Payments to a worker whose job injury permanently limits the kinds of work the worker can do or the worker's ability to earn a living. **Permanent partial disability (PPD) benefits** are payments to a worker whose ability to compete in the open labor market or earn a living is reduced. **Permanent total disability (PTD) benefits** are payments to a worker who is considered permanently unable to compete in the open labor market or earn a living.

### Permanent disability rating

A percentage that estimates how much a job injury permanently limits the kinds of work the worker can do or the worker's ability to earn a living. It is based on the worker's medical condition, date of injury, age when injured, occupation when injured, how much the disability is caused by the job compared to other factors, and reduced earning capacity.

### Personal physician

A doctor licensed in California with an M.D. degree (medical doctor) or a D.O. degree (osteopath), who has treated the injured worker in the past and has his or her medical records. It is unknown whether "personal physician" includes the physician's medical group. *See* "Personal Physician's Medical Group" in Chapter 1.

**Physician**

A medical doctor, an osteopath, a psychologist, an acupuncturist, an optometrist, a dentist, a podiatrist, or a chiropractor licensed in California. *The definition of “personal physician” is more limited. See above.*

**Predesignation**

Telling your employer in writing, before getting hurt on the job, that you wish to be treated by your personal physician in case of job injury. This physician must be your primary care physician and must agree to be predesignated. If you predesignate, you will be allowed to be treated by your personal physician right after injury, instead of a physician selected by your employer or the claims administrator. You can predesignate only if your employer offers a group health plan or group health insurance for medical conditions that are unrelated to work. *See also “personal physician.”*

**Primary treating physician (PTP)**

*See “treating physician.”*

**Qualified injured worker (QIW)**

A worker injured before 2004 who probably will never be able to return to his or her usual job and working conditions, and who probably could find a suitable job after receiving vocational rehabilitation services.

**Qualified medical evaluator (QME)**

A doctor who is selected by either the injured worker, the worker’s attorney, or the claims administrator to conduct a medical examination and prepare a medical-legal report to help resolve a dispute. QMEs are certified by the state Division of Workers’ Compensation.

**Qualified rehabilitation representative (QRR)**

A person who is trained and able to evaluate, counsel, and place disabled workers in new jobs. *Also called “rehabilitation counselor.”*

**Rating**

*See “permanent disability rating.”*

**Reconsideration**

A legal process for appealing a decision made by a workers’ compensation administrative law judge.

**Reconsideration of a summary rating**

A process for determining whether mistakes were made in the permanent disability rating of an injured worker who does not have an attorney.

**Regular work**

Your old job, paying the same wages and benefits as paid at the time of injury and located within a reasonable commuting distance of where you lived at the time of injury.

**Rehabilitation consultant**

An employee of the state Division of Workers' Compensation who oversees vocational rehabilitation procedures, makes decisions about vocational rehabilitation benefits, and helps resolve disputes.

**Rehabilitation counselor**

See “*qualified rehabilitation representative (QRR)*.”

**Restrictions**

See “*work restrictions*.”

**Schedule for Rating Permanent Disabilities**

A state publication containing detailed information that is used to rate permanent disabilities. There are three schedules. See *Chapter 5*.

**Settlement**

An agreement between the injured worker and the claims administrator about the workers' compensation payments and future medical care that will be provided to the worker. Settlements must be reviewed by a workers' compensation administrative law judge, to determine whether they are adequate.

**Social Security disability benefits**

Long-term financial assistance for totally disabled persons. These benefits are administered the U.S. Social Security Administration. They may be reduced by workers' compensation payments that you receive.

**Specific injury**

An injury that was caused by one event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

**State Disability Insurance (SDI)**

Short-term financial assistance for disabled workers in California. Workers with job injuries may apply for SDI when workers' compensation payments are delayed or denied. These benefits are administered by the state Employment Development Department.

**State average weekly wage**

The average weekly wage that was paid in the previous year to employees in California who were covered by unemployment insurance, as reported by the U.S. Department of Labor.

**Stipulations with request for award (Stips)**

A type of settlement where the claims administrator usually agrees to continue paying for medical care for the injury.

**Subjective factors**

The amount of pain and other symptoms reported by an injured worker, which cannot be directly measured or observed, that a doctor describes as contributing to the worker's permanent disability.



### **Supplemental job displacement benefit**

A workers' compensation benefit for injured workers, injured in 2004 or later, who have a permanent partial disability that prevents them from doing their old job and whose employers do not offer other work. It is in the form of a voucher that promises to help pay for educational retraining or skill enhancement, or both, at state-approved or state-accredited schools. *Also called "voucher."*

### **Temporary disability (TD) benefits**

Payments to an injured worker who loses wages because the injury prevents the worker from doing his or her usual job while recovering. **Temporary partial disability (TPD) benefits** are payments to a worker who can do some work while recovering, but who earns less than before the injury. **Temporary total disability (TTD) benefits** are payments to a worker who cannot work at all while recovering.

### **Treating doctor**

*See "treating physician."*

### **Treating physician**

The doctor who is responsible for managing the overall care of the injured worker and who writes medical reports that may affect the worker's benefits. *Also called "primary treating physician (PTP)" or "treating doctor."*

### **Uninsured Employers Fund (UEF)**

A possible source of workers' compensation benefits for an injured worker whose employer is illegally uninsured in California. These benefits are administered by the state Division of Workers' Compensation.

### **Utilization review (UR)**

The process used by claims administrators to decide whether to authorize and pay for treatment recommended by the treating physician or another doctor.

### **Vocational rehabilitation**

A workers' compensation benefit for injured workers, injured before 2004, who are permanently unable to do their usual job, and whose employers do not offer other work. It includes job placement counseling to help the worker find another job. It may also include retraining and a vocational rehabilitation maintenance allowance.

### **Vocational rehabilitation maintenance allowance (VRMA)**

Payments to help with living expenses while participating in vocational rehabilitation.

### **Voucher**

*See "supplemental job displacement benefit."*

### **Work restrictions**

A doctor's description of clear and specific limits on an injured worker's job tasks, usually designed to protect the worker from further injury.

**Workers' Compensation Appeals Board (WCAB)**

The Appeals Board and workers' compensation administrative law judges.

**Workers' compensation administrative law judge**

An employee of the state Division of Workers' Compensation who makes decisions about disputes and approves settlements. They hold hearings at Workers' Compensation Appeals Board (WCAB) offices, and their decisions may be reviewed and reconsidered by the Appeals Board. *Also called "workers' compensation judge."*

**Workers' compensation judge**

*See "workers' compensation administrative law judge."*

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**NOTE:** This guidebook lists a variety of sources of information about workers' compensation. Inclusion on this list does not necessarily mean that these persons, organizations, and materials are endorsed, approved, or recommended by the State of California.



The information in this guidebook is true in most situations. However, some rules, exceptions, and deadlines not covered here may apply to you and affect your case. For example, a union contract or a labor-management carve-out agreement may give additional rights or different procedures.

The information here describes the California workers' compensation system as of February 2005. It applies to most private, state, and local government employees whose "date of injury" is 1994 or later.

Many of the workers' compensation laws enacted in 2003 and 2004 are still being interpreted. Important changes are expected in the coming months.